

COST AND FINANCIAL REPORTING SYSTEM (CFRS)

Fiscal Year 2005-2006



Local Program Financial Support

Instruction Manual

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Manual Order Number:

Specifications contained herein are subject to change and these changes will be reported in subsequent release notes and new editions.

August 2006, Department of Mental Health, State of California

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GENERAL CONTACT INFORMATION

By Mail:

Department of Mental Health
Local Program Financial Support
1600 9th St., Room 120
Sacramento, CA 95814

By Telephone or FAX:

916.654.2314 – Cost Report Contact Desk
916.653.9269 – Cost Report FAX
916.654.3117 – IT Help Desk

SPECIFIC CONTACT INFORMATION

If you are having technical problems with the Cost Reporting application and need technical assistance, contact the Cost Report Help Desk, or send an email to: cfrs.help@dmh.ca.gov, or call 916.654.2314.

If you want to contact a Department of Mental Health Division or Office, please use the Division/Office Directory, located at <http://www.dmh.ca.gov>.

WEBSITE

The Department of Mental Health, Information Technology Web Services Internet site can be located at <https://mhitws.cahwnet.gov>.

If you are having problems with the website and need technical assistance, contact Webmaster@dmh.ca.gov, or call Carol Scott or Anne Blevins at 916.654.3467 and Lester Fong at 916.654.3124.

FEEDBACK

If you have any questions or comments concerning the contents of the Department of Mental Health Web site, please use the Feedback Form.

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Getting Started

INTRODUCTION

The Fiscal Year (FY) 2005-2006 Cost Reports and reporting process are described within this section. The cost report is designed to focus on completion of certain schedules that will automatically complete the legal entity cost report forms. The formulas in the cost report forms are “locked and protected” to enable a smoother process for editing and conducting the year-end settlement process for each local mental health agency. This also ensures the ability to create a uniform statewide database. Listed below are the highlights regarding the cost report spreadsheets and cost reporting procedures.

The cost report spreadsheets for this year remain an Excel based spreadsheet application.

There will be two sets of Cost Report spreadsheet automations:

1. A Detail Cost Report:

- To be completed by all legal entities (county or contract). Service provided can be either Medi-Cal or non-Medi-Cal.

2. A Summary Cost Report:

- To be completed by each County or Mental Health Plan (MHP).
- The summary cost report is used to complete certain county only forms.
- Summarizes each County or Mental Health Plan (MHP) total mental health activities for the fiscal year.

The Cost Report automated spreadsheets are available from the Department of Mental Health (DMH) website, at www.dmh.ca.gov.

Cost report submission for FY 2005-2006 involves both electronic and hard copies. The electronic submission process involves **uploading** the cost report through the Department's Information Technology Web Services (ITWS). The submission process requires one hard copy of the cost report (summary and county detail only) and an original signed MH1940 certification package to the Department through the mail by December 31 following the end of the fiscal year.

Please mail to:

Department of Mental Health
Local Program Financial Support
1600 9th Street, Room 120
Sacramento, CA 95814

SUMMARY OF CHANGES MADE TO FY 2005-2006

Technical changes, updates, and clarifications have been made to this instruction manual. The following is a summary of the major changes made to the Cost Report for the FY 2005-2006:

1. Addition of Service Function Codes 70, 71, 72, 75 and 78 to Mode 60

Definitions for New Service Functions under Mode 60: Support Services:

Service Function 70: Client Housing Support Expenditures

The cost of providing housing supports, including housing subsidies for permanent, transitional and temporary housing; master leases; motel and other housing vouchers; rental security deposits; first and last month rental payments; and other fiscal housing supports. This does not include the capital costs used to purchase, build or rehab housing or the salaries and benefits of staff used to provide client housing supports. This category should not include service costs reported under Modes 05, 10 or 15. Units of service should not be reported for Service Function Code 70.

Service Function 71: Client Housing Operating Expenditures

The operating costs of providing housing supports to clients, including building repair and maintenance, utilities, housing agency management fees, insurance, property taxes and assessments, credit reporting fees, and other operating costs incurred in providing client housing supports. This does not include the capital costs used to purchase, build or rehab housing or the salaries and benefits of staff used to provide client housing supports. This category should not include service costs reported under Modes 05, 10 or 15. Units of service should not be reported for Service Function Code 71.

Service Function 72: Client Flexible Support Expenditures

The cost of providing supports to clients, family members, and caregivers including cash payments, vouchers, goods, services, items necessary for daily living (such as food, clothing, hygiene, etc.), travel, transportation, respite services for caregivers, and other supports. This does not include housing supports and capital expenditures or the salaries and benefits of staff used to provide client flexible supports. This category should not include service costs reported under Modes 05, 10 or 15. Units of service should not be reported for Service Function Code 72.

Service Function 75: Non-Medi-Cal Capital Assets

The cost of capital assets dedicated solely to non-Medi-Cal activities may either be expensed in the year purchased or depreciated over the useful life of the asset. Expenses that should be reported under Service Function Code 75, provided such expenses are dedicated solely to non-Medi-Cal activities, include:

- Purchasing land or buildings used for client housing or other non-Medi-Cal activities (note land is not a depreciable asset)
- Construction or rehabilitation of housing, facilities, buildings or office/meeting spaces
- Related “soft” costs for development including strategies to build community acceptance for projects
- Vehicles
- Other capital assets dedicated solely to non-Medi-Cal activities.

Mental health funds used to leverage other housing resources, including other collaborative housing projects, should be included under Service Function Code 75. Units of service should not be reported for Service Function Code 75.

The cost of capital assets included in the service costs per unit under Modes 05, 10 or 15 must be depreciated and should not be included in Service Function 75. Refer to the Center for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual (HIM-15), Part 1, Chapter 1 for guidance on depreciation requirements.

Service Function 78: Other Non Medi-Cal Client Support Expenditures

The cost of salaries, benefits and related general operating expenditures incurred in providing non-Medi-Cal client supports not otherwise reported in Treatment or Outreach Programs (Mode 05, 10, 15 or 55). Units of service should not be reported for Service Function Code 78.

2. MH1900 – Information Worksheet – County legal entities can make adjustments to Medi-Cal FFP due to contract limitations that will automatically populate MH 1979, Line 22, Column J. This section is now unlocked.
3. MH 1912 - Column H – “Cost Per Unit” has been renamed to “Reimbursement Rate and Cost Per Unit.” This column will capture the reimbursement rate for Medi-Cal units to determine FFP and cost per unit for Non-Medi-Cal Units.
4. MH 1992 – Funding Sources, Lines 22 – 26 have been modified to capture Mental Health Services Act (MHSA) expenditures.
5. MH 1994 – Report of Mental Health Managed Care Allocation and Expenditures, Insertion of Line 9, State General Fund Expenditures Other Mental Health Services.
6. MH 1995 – Report of MHSA, Lines 1 – 3 – revised to reflect distribution and expenditures for prior years.
7. MH 1995 – Report of MHSA, Lines 4 - 7 – added to reflect distribution and expenditures for future years.

Cost Report Instructions

The California Department of Mental Health's (DMH) Cost Report is required to be completed by all legal entities furnishing local community mental health (Medi-Cal and Non-Medi-Cal) services. For the purpose of year-end cost reporting and submission, each county's designated local mental health agency is required to submit one hard copy of the cost report (summary and county detail only) and an original signed MH1940 certification package to the DMH.

The objectives of the Department of Mental Health Cost Report are to:

- Compute the cost per unit for each Service Function (SF);
- Determine the estimated net Medi-Cal entitlement (Federal Financial Participation-FFP) for each legal entity;
- Identify the sources of funding;
- Serve as the basis for the local mental health agency's year-end cost settlement, focused reviews and subsequent SD/MC fiscal audit; and
- Serve as the source for County Mental Health fiscal year-end cost information.

This is accomplished by determining the allowable Short-Doyle/Medi-Cal (SD/MC) costs and allocating these costs, between administrative, utilization review, research and evaluation, and direct service cost centers (i.e., modes of service), including Medi-Cal Administrative Activities (MAA). Participation in the MAA program is optional and requires compliance to additional procedures set by the Centers for Medicare & Medicaid Services (CMS), Department of Health Services (DHS), and DMH. MAA costs reported in the cost report must be based on actual staff time captured at the service function level.

Direct service costs are apportioned to Medi-Cal patients based on units of service at the service function level. In FY 2005-2006, units of service will continue to be reported according to the period of time during which services were provided. During FY 2005-2006, the federal/state sharing ratio is as follows:

Regular SD/MC:**First Quarter (July 1, 2005 through September 30, 2005)**

The FFP sharing ratio for regular Medi-Cal reimbursable mental health treatment services is 50 percent for the federal share and 50 percent for the state share.

Balance of the Fiscal Year (October 1, 2005 through June 30, 2006)

The FFP sharing ratio for regular Medi-Cal reimbursable mental health treatment services is 50 percent for the federal share and 50 percent for the state share.

Enhanced SD/MC (Children) and Healthy Families:**First Quarter (July 1, 2005 through September 30, 2005)**

The FFP sharing ratio for Healthy Families and Enhanced Children's Medi-Cal funds is 65 percent for the federal share and 35 percent for the state share.

Balance of the Fiscal Year (October 1, 2005 through June 30, 2006)

The FFP sharing ratio for Healthy Families and Enhanced Children's Medi-Cal funds is 65 percent for the federal share and 35 percent for the state share.

Enhanced SD/MC (Refugees)**All Quarters (July 1, 2005 – June 30, 2006)**

The FFP sharing ratio for Enhanced SD/MC (Refugees) is 100 percent for the entire year.

SD/MC Administration, Quality Assurance, Utilization Review and MAA

The FFP sharing ratio for Skilled Professional Medical Personnel (SPMP) engaged in quality assurance oversight is 75 percent federal share and 25 percent state share. Other quality assurance costs and all other administrative costs, including MAA, is 50/50 percent sharing ratio.

The FFP sharing ratio for Healthy Families Administration is 65 percent federal share and 35 percent state share.

After units of service are identified as described above, SD/MC service function costs are aggregated into inpatient and outpatient costs. Aggregate direct services SD/MC costs (including regular SD/MC, Medicare/Medi-Cal crossover, Enhanced SD/MC for children and refugees) for inpatient and outpatient services for each legal entity are compared with aggregate Medi-Cal published charges and the aggregate Statewide

Maximum Allowances (SMA) reimbursement amounts to determine the direct service reimbursement methodology based on the Lower of Cost or Charge (LCC) principles. This reimbursement methodology is applied to all SD/MC aggregated costs listed above. For negotiated rate legal entities, SD/MC direct service reimbursement is based on the lower of the aggregate SD/MC negotiated rates for inpatient and outpatient services, the aggregate published charges, or the aggregate SMA reimbursement. Patient and other payor liabilities collected on behalf of regular SD/MC, Medicare/Medi-Cal crossover, and enhanced SD/MC patients, are reduced from the gross direct service reimbursement for SD/MC to determine the net due for SD/MC direct services.

Healthy Families direct service costs are NOT included in the calculation to determine the SD/MC reimbursement methodology based on the LCC. However, the Healthy Families costs are aggregated and compared in the same way as SD/MC direct services costs and utilizes the same reimbursement methodology determined by the SD/MC costs. Gross direct service reimbursement Healthy Families costs are reduced by patient and other payor liabilities of Healthy Families clients to determine the net Healthy Families reimbursement for direct services.

SD/MC administrative reimbursement for county legal entities is based on the SD/MC direct service reimbursement in the county.¹ Reimbursement for SD/MC utilization review activities also is computed. The sum of net SD/MC direct service reimbursement, net MAA reimbursement, SD/MC administrative reimbursement, and SD/MC utilization review reimbursement represents the basis for determining the preliminary FFP for legal entities' cost based reimbursement. Legal entities reimbursed based on negotiated rates must subtract 25 percent of the amount negotiated rates exceed costs.

Contract providers that provide services to multiple counties have the option to complete the cost report in one of two ways. The first method, "Total Gross Costs," allows the contractor to report its total gross costs for mental health related services provided to multiple counties on MH 1960 and make adjustments on Line 2 of MH 1992 for each county cost report to eliminate costs not related to the county in order to properly show the funding source for services provided to the county. The second method, "Net Cost," allows the contractor to report only the costs (activities) of the legal entity that are identified with each county. The use of any one method will produce the same result, and each county has the discretion to select the method to be used by its contractors. Round amounts to the nearest whole dollar.

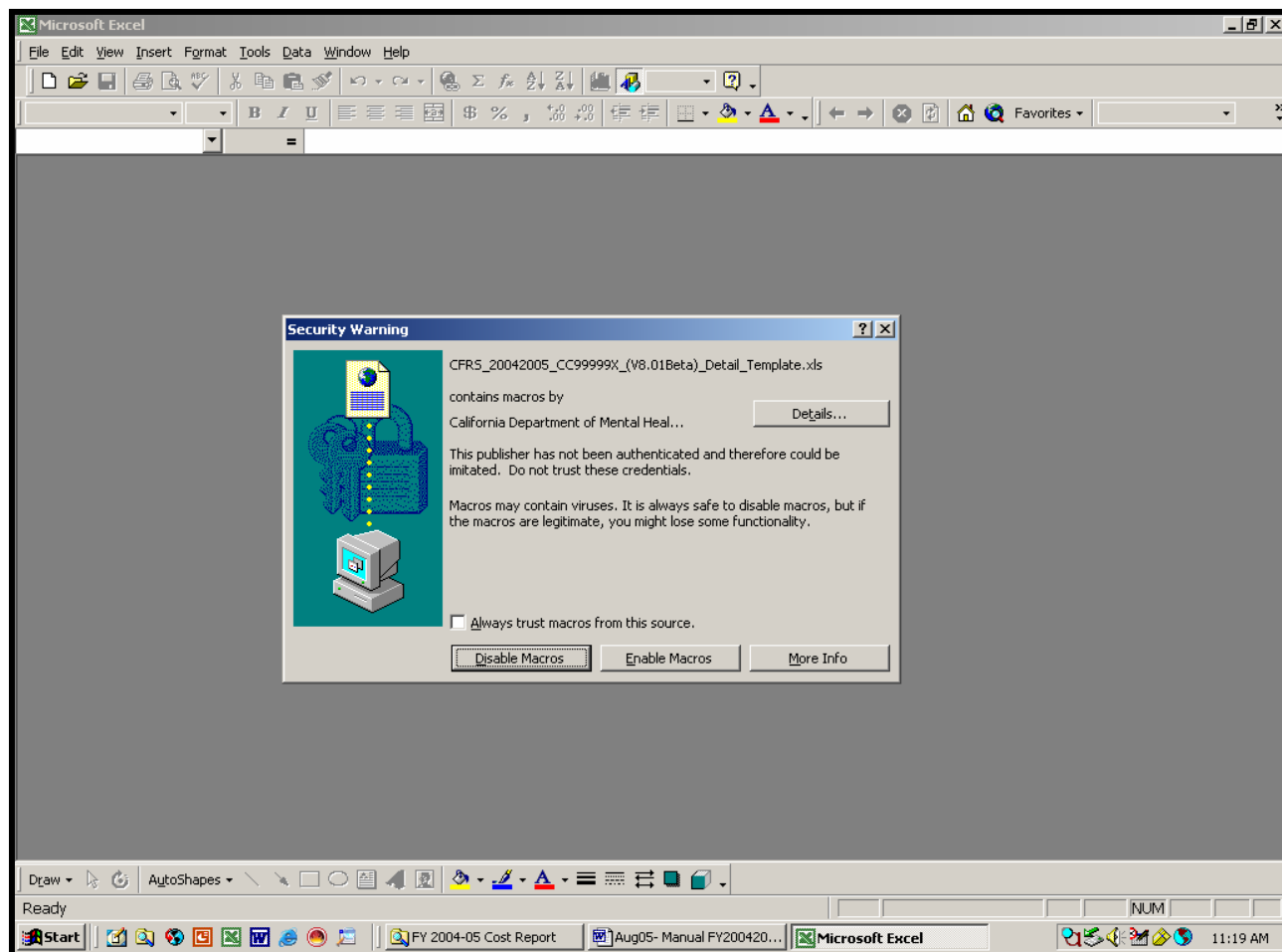
The following steps below describe the procedures to be used in completing the Department of Mental Health fiscal year-end Cost Report.

¹ Throughout these instructions, county legal entities are defined as legal entities staffed and operated by county government employees.

Opening the Workbook

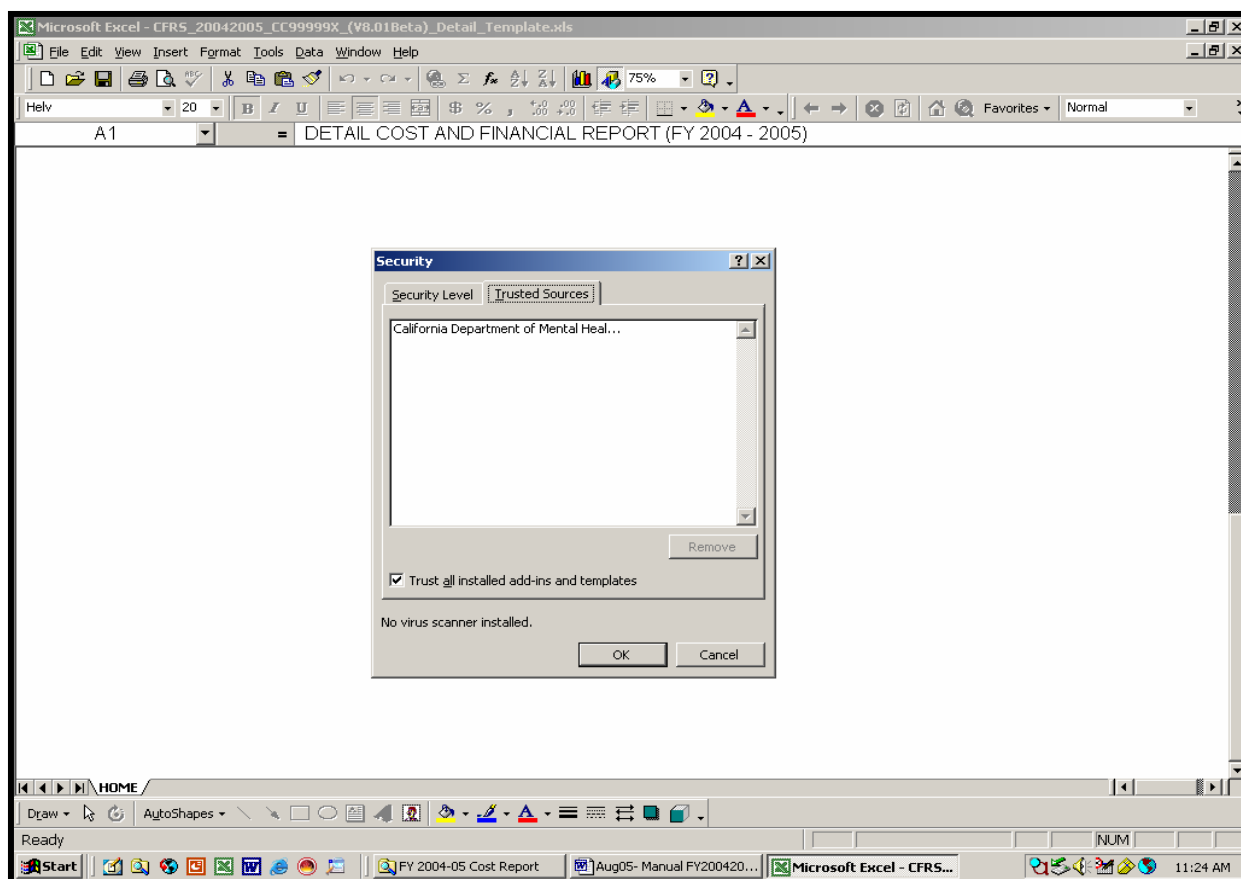
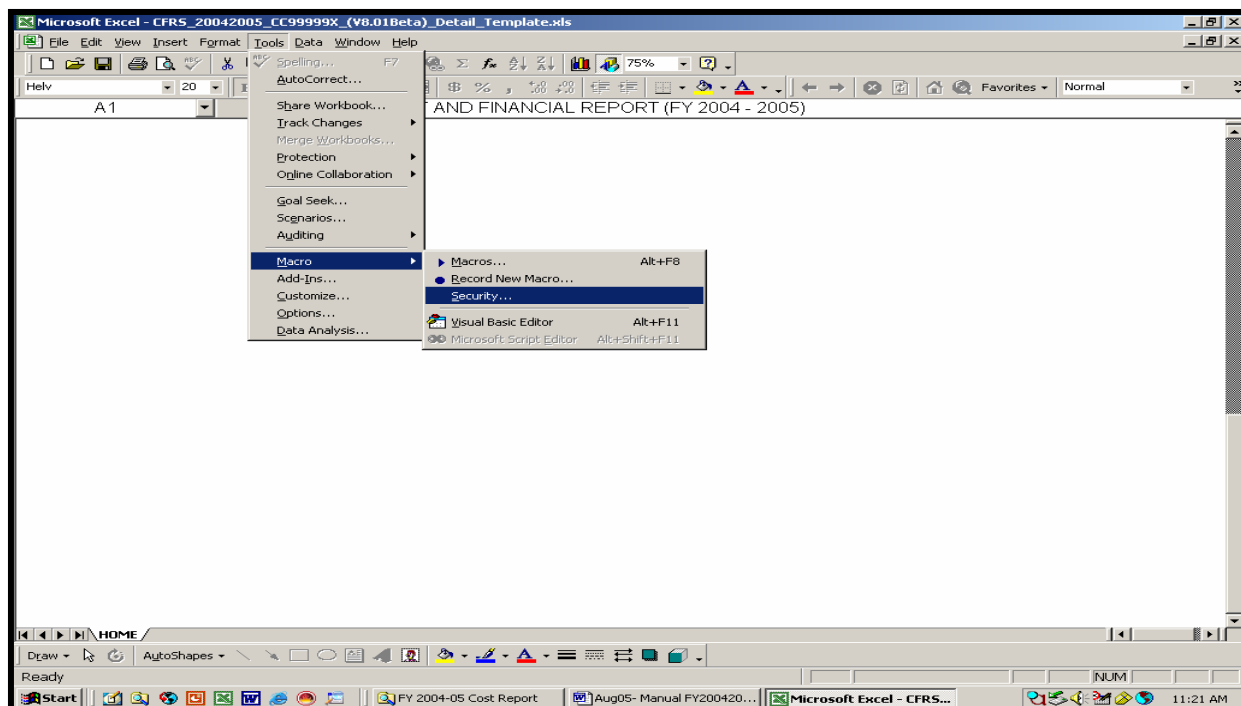
Enable the Macros

The Cost Report is an Excel based application. It uses macros that enable the flow and automatic population for most of the forms. When the workbook is first opened, a dialog window appears and asks whether or not to allow this functionality. **You must check “Always trust Macros from this source”** if you do not want to see this dialog window again when opening the Cost Report template.



If you trust DMH Information Technology and prefer to **ENABLE MACROS** every time you work on the Cost Report template but have accidentally checked “Always trust macros from this source” you can restore the dialog window back by following these procedures. **TOOLS > MACRO > SECURITY > TRUSTED SOURCES**. In the Trusted Sources Dialog box, click on Department of Mental Health...and click on **REMOVE** to restore back the window.

Please note the above form reflects FY 2004-2005.



REMOVE to restore "Always trust macros from source" Dialog Box window.

Please note the above forms reflect FY 2004-2005.

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HOME

Cost Report Home Page

After you have opened the workbook and enabled the macros, you will now be at the Cost Report Home Page.

From here, you can continue to complete the cost report, or use some of the other options of the cost report.

If you wish to continue to complete the cost report, simply “click” on the button for MEDI-CAL or NON-MEDI-CAL, depending upon type of cost report that you are trying to complete.

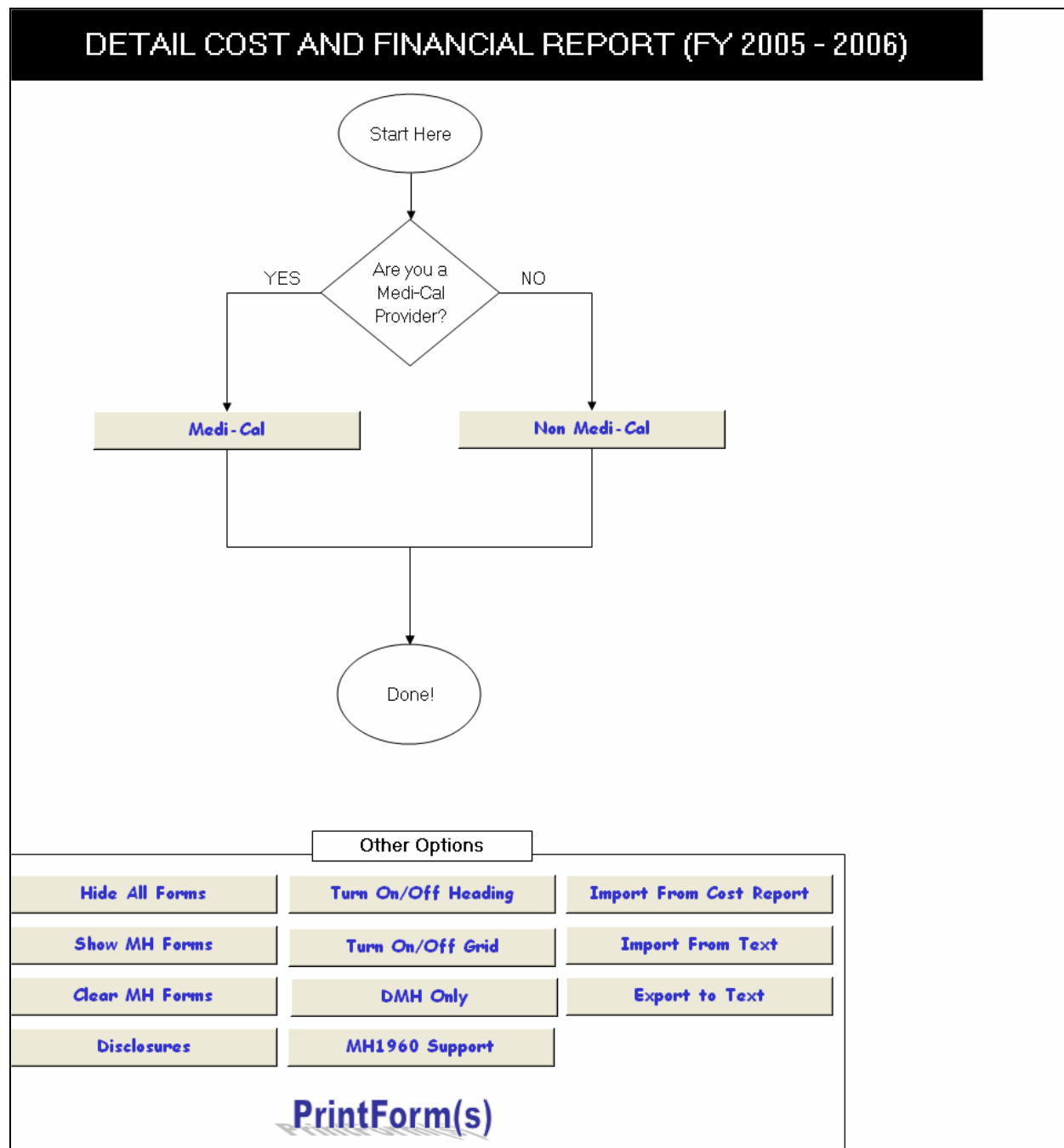
Subsequently, you will be shown a series of “flowcharts” from your chosen action.

Note:

Please take note of the OPTIONS box, at the bottom of the HOME Page Sheet. These Options will allow you to do the following:

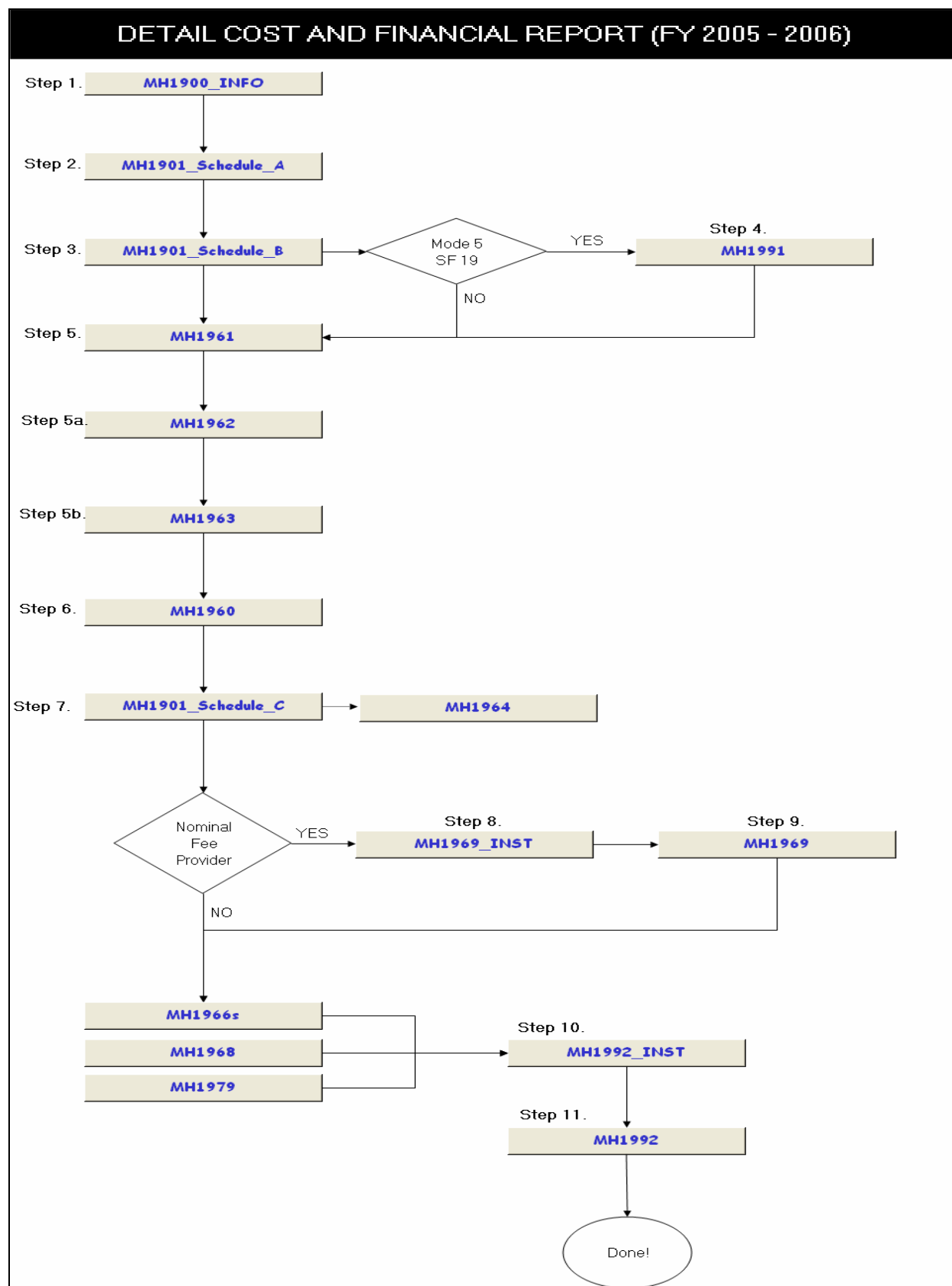
Options Described:

Hide All Forms	Shows only the Home page.
Show MH Forms	Shows all the Cost Report worksheets.
Clear Forms	Reset all data values in forms to zeros or blanks.
Turn On/Off Heading	Toggles the Excel Row and Column indicators, such as A, B, C, and 1, 2, 3, etc. Useful if only wanting to see FORM Row and Column indicators and NOT EXCEL Row and Column indicators.
Turn On/Off Grid	Toggle the Excel background grid showing cell placement.
Import from Cost Report	This option will allow you to import from another DMH Cost Report workbook data into the current workbook. These cost reports must be from the same fiscal year.
Import from Text	This option will allow you to import and populate data into the MH_Schedules.
Export to Text	This option will allow you to export the data from the MH_Schedules.
Print Options	This option will allow you to print selected schedules or forms of the cost report.



MEDI-CAL

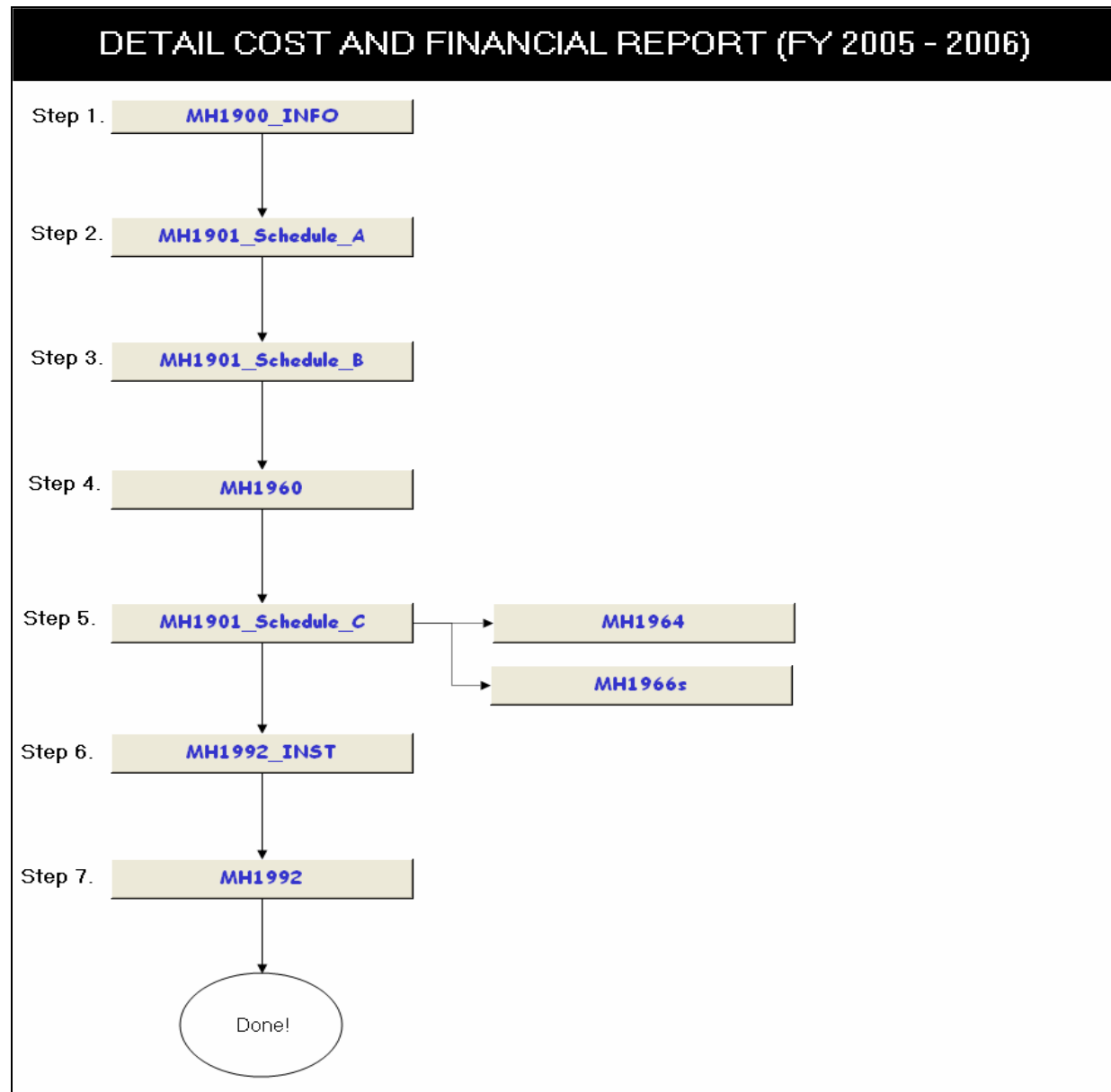
Flowchart Path if Medi-Cal Cost Report



MEDI-CAL

Non-MEDI-CAL

Flowchart Path if Non-Medi-Cal Cost Report



NON-MEDI-CAL

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Detail Forms for ALL Legal Entities

This section details the following forms and their requirements for ALL Legal Entities. This includes contract and county legal entities.

MH 1900	Information Worksheet
MH 1901 Schedule A	Statewide Maximum Allowances, Negotiated Rates and Published Charges
MH 1901 Schedule B	Worksheet for Units of Service and Revenues by Mode and Service Function
MH 1901 Schedule C	Supporting Documentation for the Method Used to Allocate Totals to Mode of Service and Service Function
MH 1960	Calculation of Program Costs
MH 1961	Medi-Cal Adjustments to Costs
MH 1962	Other Adjustments
MH 1963	Payments to Contract Providers
MH 1964	Allocation of Costs to Modes of Service
MH 1966 (Program 1 and Program 2)	Allocation of Costs to Service Functions – Mode Total
MH 1966 (Mode 05, Service Function 19)	EXCEPTION (Mode 05, Service Function 19)
MH 1966 (Modes 45 and 60)	Allocation of Costs to Service Functions – Mode Total for Outreach and Support (Modes 45 and 60)
MH 1966 (Mode 55)	Allocation of Costs to Service Functions – Mode Total for Mode 55 Medi-Cal Administrative Activities (MAA)
MH 1968	Determination of SD/MC Direct Services and MAA Reimbursement
MH 1969 (Optional)	Lower of Costs or Charges Determination
MH 1979	SD/MC Preliminary Desk Settlement
MH 1991	Calculation of SD/MC (Hospital Administrative Days)
MH 1992	Funding Sources

MH 1900***Information Worksheet***

The Information Worksheet is the starting point for the completion of the automated SD/MC Cost Report. The information provided here is automatically linked to forms and schedules in the cost report. This worksheet eliminates the redundant entry of county name and code, and legal entity (LE) name and number on cost report forms and schedules. The information provided here applies to county and contract legal entities for Medi-Cal and non-Medi-Cal Cost Reports.

The Information Worksheet is divided into sections. Section I should be completed by "All Legal Entities" and Section II should be completed by "County Legal Entities only."

Legal entities that provided SD/MC units of service during the reporting period should select the "Y" option to the question, "Are you reporting SD/MC?" If you are not reporting SD/MC units of service, select option "N".

Each county legal entity is required to respond to the question whether their population is either over or under 125,000 population. If county population is over 125,000, select option "Y". If it is either 125,000 or under, select option "N".

County legal entities should report "Contract Provider Medi-Cal Direct Service Gross Reimbursement" in Section II. The amount reported here is used to populate MH 1979, Line 2, Columns B and C ordinarily used for the determination of Medi-Cal Administrative Reimbursement Limit. Note: that reported amount is the sum of MH 1968, Lines 21, 21A and 22, Columns E & K for all Contract Providers that reported Medi-Cal units on MH 1901 Schedule B columns. (Refer to MH 1979, Line 2 for details.)

County legal entity should report "Contract Provider Healthy Families Direct Service Gross Reimbursement" in Section II. The amount reported here is used to populate MH 1979, Line 7A, Columns B and C used for the determination of Healthy Families Administrative Reimbursement Limit. Note: that reported amount is the sum of MH 1968, Lines 27 and 27A, Columns E & K for all Contract Providers that reported Healthy Families units on MH 1901 Schedule B columns.

County legal entities also are required to enter the provider numbers for Fee-For-Service Mental Health Specialty for individual and group providers.

County legal entities can make adjustments to Medi-Cal FFP due to contract limitations that will automatically populate MH 1979, Line 22, Column J.

State of California Health and Human Services Agency	Department of Mental Health
DETAIL COST REPORT INFORMATION SHEET MH1900 (Rev. 5/05)	
FISCAL YEAR 2005 - 2006	
SECTION I: ALL LEGAL ENTITIES:	
<i>All Legal Entities are to complete Section I.</i>	
Name of Preparer:	
Date:	
Legal Entity Name:	
Legal Entity Number:	
County:	
County Code:	
Is this a County Legal Entity Report? (Y or N)	Yes <input type="button" value="v"/>
Are you reporting SD/MC? (Y or N)	Yes <input type="button" value="v"/>
HOME	MH1901_Schedule_A >>
SECTION II: COUNTY LEGAL ENTITY ONLY:	
<i>Only County Legal Entities are to Complete Section II.</i>	
Address:	
Phone Number:	
County Population: Over 125,000? (Y or N)	Yes <input type="button" value="v"/>
Contract Provider Medi-Cal Direct Service Gross Reimbursement (Used to populate MH1979 Line 2)	
Inpatient Services	
Outpatient Services	
Contract Provider Healthy Families Direct Service Gross Reimbursement (Used to populate MH1979 Line 7)	
Inpatient Services	
Outpatient Services	
Total State Share of SD/MC Cost:	
Fee For Service - Mental Health Specialty Provider Numbers For Individual and Group	
Mode&SF -->	
Legal Entity Number (FFS):	
Psychiatrist:	
Psychologist:	
Mixed Specialty Group:	
RN:	
LCSW:	
MFTCC (MFT):	
Adjust Medi-Cal FFP Due to Contract Limitation (Used to populate MH1979 Line 22J)	
Mode 05 - Hospital Inpatient Services	
Mode 05 - Other 24 Hour Services	
Mode 10 - Day Services	
Mode 15 - Outpatient Services	
Contract Limitation Adjustment Total	\$ -
HOME	MH1901_Schedule_A >>

MH 1901 Schedule A

Statewide Maximum Allowances, Negotiated Rates and Published Charges

MH 1901 Schedule A requires information on state-approved Negotiated Rates (NR) and Published Charges (PC) for all authorized services. The form layout is by Mode and Service Functions (SF) and includes the FY 2005-2006 SD/MC Statewide Maximum Allowances (SMA). While the SMA rates are provided, each legal entity must input the NR and PC data for all authorized services. This form serves as a “source document” that will enable the SMA, NR and PC rates to be cell referenced to other applicable MH forms.

Column D – Negotiated Rate (NR)

Enter the Negotiated Rates for all Modes and Service Functions that have state-approved rates.

Column E – Published Charge (PC)

Enter Published Charge rates for appropriate Modes and Service Functions reported. Note that Outreach (including MAA) and Support Services are excluded. A legal entity's published charge is: (1) the usual and customary charge to the general public; “published charges” are usual and customary charges prevalent in the public mental health sector that are used to bill the general public, insurers, or other non-Medi-Cal payors. Legal entities with more than one published charge rate for a service function can report a *weighted average* published charge rate for the service function, or provide a separate support schedule with the following information: (1) each service function; (2) time period covered by each published charge; (3) each published charge per unit of service; (4) Medi-Cal units of service provided for each published charge; and (5) total published charges for each service function (published charge per unit multiplied by the units of service). The published charge for Mode 05, Service Function 19, Hospital Administrative Days, should include physician and ancillary costs.

Column E, Rows 31-35 – Medi-Cal Eligibility Factor

Enter the Medi-Cal Eligibility Factor if participating in Medi-Cal Administrative Activities (MAA). A separate eligibility factor should be reported for each quarter claimed and should be consistent with quarterly MAA invoices submitted to DMH.

Column F, County Non-Medi-Cal Contract Rate

Enter the non-Medi-Cal contract rates agreed between county and its service providers for Modes 45 and 60. Do not enter Medi-Cal contract rates in this column.

Column G, Rate for Allocation

This column carries forward NRs entered in Columns D and F (county non-Medi-Cal contract rates with service providers) for the purpose of allocating costs to modes and service functions.

State of California Health and Human Services Agency					Department of Mental Health		
DETAIL COST REPORT							
SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES							
MH 1901 SCHEDULE A (Rev. 5/05)							
FISCAL YEAR 2005 - 2006							
Entity Name: 0					Entity Number:		
Fiscal Year: 2005 - 2006							
	A	B	C	D	E	F	G
SERVICE FUNCTION	MODE	SERVICE FUNCTION CODE	SMA	STATE APPROVED (NR)	PUBLISHED CHARGE	COUNTY NON M/C CONTRACT RATE	RATE FOR ALLOCATION
A. 24 - HOUR SERVICES							
1 Hospital Inpatient	05	10 - 18	\$952.86				\$0.00
2 Hospital Administrative Day	05	19	\$294.45				\$0.00
3 Psychiatric Health Facility (PHF)	05	20 - 29	\$521.82				\$0.00
4 SNF Intensive	05	30 - 34					\$0.00
5 IMD Basic (No Patch)	05	35					\$0.00
6 IMD (With Patch)	05	36 - 39					\$0.00
7 Adult Crisis Residential	05	40 - 49	\$294.25				\$0.00
8 Jail Inpatient	05	50 - 59					\$0.00
9 Residential Other	05	60 - 64					\$0.00
10 Adult Residential	05	65 - 79	\$143.53				\$0.00
11 Semi - Supervised Living	05	80 - 84					\$0.00
12 Independent Living	05	85 - 89					\$0.00
13 MH Rehab Centers	05	90 - 94					\$0.00
B. DAY SERVICES							
14 Crisis Stabilization Emergency Room	10	20 - 24	\$91.34				\$0.00
15 Urgent Care	10	25 - 29	\$91.34				\$0.00
16 Vocational Services	10	30 - 39					\$0.00
17 Socialization	10	40 - 49					\$0.00
18 SNF Augmentation	10	60 - 69					\$0.00
19 Day Treatment Intensive Half Day	10	81 - 84	\$139.26				\$0.00
20 Full Day	10	85 - 89	\$195.58				\$0.00
21 Day Rehabilitation Half Day	10	91 - 94	\$81.24				\$0.00
22 Full Day	10	95 - 99	\$126.80				\$0.00
C. OUTPATIENT SERVICES							
23 Case Management, Brokerage	15	01 - 09	\$1.95				\$0.00
24 Mental Health Services	15	10 - 19	\$2.52				\$0.00
25 Mental Health Services	15	30 - 59	\$2.52				\$0.00
26 Medication Support	15	60 - 69	\$4.66				\$0.00
27 Crisis Intervention	15	70 - 79	\$3.75				\$0.00
D. OUTREACH SERVICES							
28 Mental Health Promotion	45	10 - 19					\$0.00
29 Community Client Services	45	20 - 29					\$0.00
E. MEDI-CAL ADMINISTRATIVE ACTIVITIES				MEDI-CAL ELIGIBILITY FACTOR			
30 Medi-Cal Outreach	55	01 - 03					
31 Medi-Cal Eligibility Intake	55	04 - 06		Quarter 1			
32 Medi-Cal Contract Administration	55	07 - 08		Quarter 2			
33 MAA Coordination and Claims Administration	55	09		Quarter 3			
34 Referral - Crisis, Non-Open Case	55	11 - 13		Quarter 4			
35 MH Services Contract Administration	55	14 - 16		Average			
36 Discounted Mental Health Outreach	55	17 - 19					
37 SPMP Case Management, Non-Open Case	55	21 - 23					
38 SPMP Program Planning and Development	55	24 - 26					
39 SPMP MAA Training	55	27 - 29					
40 Non-SPMP Case Management, Non-Open Case	55	31 - 34					
41 Non-SPMP Program Planning and Development	55	35 - 39					
F. SUPPORT SERVICES							
42 Conservatorship Investigation	60	20 - 29					\$0.00
43 Administration	60	30 - 39					\$0.00
44 Life Support/Board & Care	60	40 - 49					\$0.00
45 Case Management Support	60	60 - 69					\$0.00
46 Client Housing Support Expenditures	60	70					\$0.00
47 Client Housing Operating Expenditures	60	71					\$0.00
48 Client Flexible Support Expenditures	60	72					\$0.00
48 Non Medi-Cal Capital Assets	60	75					\$0.00
48 Other Non Medi-Cal Client Support Expenditures	60	78					\$0.00

HOME

<< MH1900_INFO

MH1901_Schedule_B >>

MH 1901 Schedule B

Worksheet for Units of Service and Revenues by Mode and Service Function

MH 1901 Schedule B is an “all purpose” type worksheet. Data reported here is used to populate the MH 1966, MH 1968, and MH 1979. This worksheet identifies services according to “settlement type”, modes and service functions and the period of service.

You will be prompted to fill out MH 1991 if you report Mode 05,

Service Function 19. Total units of service and units allocated to Short-Doyle/Medi-Cal, Medicare/Medi-Cal Crossovers, Enhanced Medi-Cal, Medi-Cal Administrative Activities and Healthy Families are accounted for here. Total units reported must equal the sum of Columns G, J, M, N, P, R, S and U. Patient and Other Payor Revenues must also be reported on this worksheet. If unable to isolate Patient and Other Payor Revenues at the service function level, revenues can be reported at the modes of service level under the first reported service function within each mode.

SD/MC EXPLANATION OF BALANCES (EOB) AND INTERNAL REPORTING SYSTEM

The Short-Doyle/Medi-Cal (SD/MC) system pays for mental health services provided under the SD/MC program to Medi-Cal beneficiaries. This system supports the claims submission, correction, and approval processes for the counties. For cost report submission and reconciliation, unit of service data reported must match Explanation of Balances (EOB) records and internal reporting system available in the county to track SD/MC units and revenues that were approved and valid. Note: complete reliance on the (EOB) reports are not sufficient because some approved claims, later denied, cannot be edited from the EOB reports. It is mandatory that the county establishes an internal tracking system that accurately complements the EOB reports for both cost report submission and audit trail purposes. Separate tracking systems labeled ***package A, and package B*** must be used to account for SD/MC units of service reported for year-end cost report submission and Final Cost Report Reconciliation. Package A should contain EOB SD/MC unit of service data used for cost report submission, and package B should contain EOB SD/MC units of service data for Final Cost Report Reconciliation. These records should be maintained along with other records for cost report settlement and audit purposes.

Column A – Settlement Type

Enter the settlement type (CR, NR, TBS, ASO, MAA, MHS, ISA and CAW) in Column A. Settlement type identifies the method used to determine reimbursement limit due to application of each program’s rules and regulations or as part of a performance agreement between the Department and county legal entities.

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- **CR** Cost Reimbursement (CR) method of reimbursement is based on actual cost.
- **NR** Negotiated Rate (NR) method of reimbursement is based on a negotiated rate approved by the State.
- **TBS** Therapeutic Behavioral Services (TBS) are individual or group providers, and organizational providers that contract with county Mental Health Plans (MHPs) to provide *TBS ONLY* services. These providers are not required to submit annual cost reports to the State. County Mental Health Plans (MHPs) should reimburse this provider type costs and report these costs to DMH as actual cost to the county under the county legal entity number (detailed cost report) in Program 2 – TBS costs. *(Note: cost reports from organizational providers that provide TBS ONLY services will not be accepted.)*
- **ASO** Administrative Services Organization (ASO) method of reimbursement is actual cost to the county. Counties are allowed to claim actual costs for payments made to the fiscal intermediary for the provision of services and related administrative fees for children placed outside of the county.
- **MAA** Medi-Cal Administrative Activities (MAA) method of reimbursement is based on actual costs to the county for counties participating in mental health MAA. Participation includes submission of a claiming plan, state and federal level approval of a County Mental Health MAA Plan and the submission of invoices through DMH during the year. All MAA invoices must be submitted by the time the cost report is due, and the units of service identified on the cost report must match the invoiced units. Please contact your MAA Coordinator for additional participation requirements.
- **MHS** Mental Health Specialty (MHS) method of reimbursement is actual cost to the county. Counties are allowed to claim actual costs for payments made to Fee-For-Service individual or group providers for mental health specialty services.
- **ISA** Integrated Service Agency (ISA) method of reimbursement is based on actual costs to the county for payments made to the providers of ISA services.
- **CAW** California Work Opportunity and Responsibility to Kids (CalWORKS) program is to prepare clients for work and assist them to obtain and maintain employment so they can effectively support their families. Under CalWORKS, case aid to families is time-limited and able-bodied adults in the families must meet certain work requirements to remain eligible. County welfare departments under the supervision of California Department of Social Services (CDSS) administer this program.

Column B – Mode

Enter the Mode of Service.

Column C – Service Function

Enter the Service Function.

Column D – Total Units of Service

Enter the total units for each Service Function.

Column E – SD/MC Units

(July 1, 2005 – September 30, 2005)

Enter the total regular SD/MC units (from billing records) for each Medi-Cal service function for the period 07/01/05-09/30/05. Do not include Medicare/Medi-Cal crossover units or enhanced SD/MC units here.

Column F – SD/MC Units

(October 1, 2005 – June 30, 2006)

Enter the total regular SD/MC units (from billing records) for each Medi-Cal service function for the period 10/01/05-06/30/06. Do not include Medicare/Medi-Cal crossover units or enhanced SD/MC units here.

Column G – Total SD/MC Units

No entry. This column sums Columns E and F.

Column H – Medicare/Medi-Cal Crossover Units

(July 1, 2005 – September 30, 2005)

Enter the Medicare/Medi-Cal Crossover units by service function for the period 07/01/05-09/30/05.

Column I – Medicare/Medi-Cal Crossover Units

(October 1, 2005 – June 30, 2006)

Enter the Medicare/Medi-Cal Crossover units by service function for the period 10/01/05-06/30/06.

Column J – Total Medicare/Medi-Cal Crossover Units

No entry. This column sums Columns H and I.

Columns K & L – Third party Revenue for Patient and Other Payors

Enter the 3rd party revenue received by the agency and attributed to regular SD/MC and Medicare/Medi-Cal crossover units of service (07/01/05-09/30/05) for each service function or mode of service. Enter the 3rd party revenue received by the agency and attributed to regular SD/MC and Medicare/Medi-Cal crossover units of service (10/01/05-06/30/06) for each service function or mode of service.

Third party revenue should include patient fees for Medi-Cal share of costs, patient insurance, Medicare, and other revenues received on behalf of Medi-Cal clients in providing Medi-Cal units. This does not include realignment funding. Revenues should be reported on an accrual basis and should be identified as directly as possible to service function or mode level. If revenues cannot be directly identified, use a reasonable method to allocate revenues between inpatient and outpatient services.

Medicare revenues include revenues for services provided during this cost report fiscal year. Prior year Medicare revenues should not be included in the cost report.

**Column M – Units of Service for Enhanced SD/MC (Children)
(July 1, 2005 – September 30, 2005)**

Enter the units of service for each service function for Enhanced SD/MC (Children) for the period 07/01/05-09/30/05.

**Column N – Units of Service for Enhanced SD/MC (Children)
(October 1, 2005 – June 30, 2006)**

Enter the units of service for each service function for Enhanced SD/MC (Children) for the period 10/01/05-06/30/06.

Column O – 3rd Party Revenue Enhanced SD/MC (Children)

Enter 3rd Party Revenue collections for Enhanced SD/MC (Children) services for the entire year. See Columns K & L for more information.

Column P – Units of Service for Enhanced SD/MC (Refugees)

Enter units of service for each service function for Enhanced SD/MC (Refugees) for the entire year. These are units of service that were billed through the SD/MC system using Aid Codes 01, 02, 08, or 0A.

Column Q – 3rd Party Revenue (Refugees)

Enter 3rd Party Revenue collections for refugees for the entire year. See Columns K & L for more information.

**Column R – Units of Service – Healthy Families (SED)
(July 1, 2005 – September 30, 2005)**

Enter units of service for each service function for Healthy Families for the period of 07/01/05-09/30/05. These are units of service that were billed through the SD/MC system using Aid Codes 7X or 9H.

**Column S – Units of Service – Healthy Families (SED)
(October 1, 2005 – June 30, 2006)**

Enter units of service for each service function for Healthy Families for the period 10/01/05-06/30/06. These are units of service that were billed through the SD/MC system using Aid Codes 7X or 9H.

Column T – 3rd Party Revenue Healthy Families (SED)

Enter 3rd Party Revenue collections for Healthy Families (SED) for the entire year. See Columns K & L for more information.

Column U – Non-Medi-Cal Units

No entry. This column calculates the total units less all SD/MC units. Column **U** equals Column **D** less Columns **G, J, M, N, P, R**, and **S**. If the aggregate of columns **G, J, M, N, P, R** and **S** are greater than Column **D**, you will get an error code in this column. You will need to identify and correct this before continuing.

MH 1901 Schedule C

Supporting Documentation for the Method Used to Allocate Total Cost to Mode of Service and Service Function

MH 1901 Schedule C is designed to automatically pull **direct service costs** for allocation from MH 1960, Line 18. The Settlement Type, Mode, Service Functions, and Total Units are automatically populated from MH 1901 Schedule B. This worksheet is also designed to automatically distribute direct service costs to modes and service functions through the application of any of the three approved allocation methods. The three allocation methods are: (1) Costs determined at the service function level; (2) Time study; and (3) Relative Value method. The calculations performed here automatically populate MH 1966, Programs 1 and 2. Selection of an “Allocation Method” from the Allocation Box above will allow the distribution of direct service costs to modes and service functions. For example, if you select SMA Rate as an allocation option from the Allocation Box, it means that this worksheet will perform a relative value calculation using information from MH 1901 Schedule A to allocate direct service costs to modes and service functions on MH 1966, Program 1 or 2.

The method chosen must be applied consistently and uniformly to all direct services, and must be consistent from year to year. A legal entity can request to change its allocation method by writing to DMH.

Allocation Methodology

1) Costs Determined at Service Function Level

Some legal entities have the technology and reporting mechanisms to capture costs at the service function level. Legal entities with this capability should allocate costs in this manner.

2) Time Study

The time study procedure used previously to allocate costs between modes of service can be used to allocate costs between service functions. To accomplish this, hours must be reported at the service function level rather than at the mode of service level. The percentage of total is calculated by dividing the costed hours for each service function by the total costed hours.

3) Relative Value

Units of service/time multiplied by the legal entity's charge for each service function determines the relative value assigned to each service function. A legal entity's charge for each service function is: (1) the legal entity's published charge; (2) the legal entity's usual and customary charge; or (3) the legal entity's charge to the general public for providing services. The SMA rate for each service function may be substituted for the legal entity's charge. The relative value for each service function is divided by the sum of all relative values to determine the percentage of the total for each service function. This method should be used by legal entities whose charges are established and updated annually based on the costs of providing the service. The relative value method cannot be used to allocate Mode 05, Service Functions 10 through 19, service costs according to the Department's Fiscal Audits Unit.

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Allocation Method Option Box**Select an Allocation Method**

- **Rate for Allocation** – Select “Rate for Allocation” to use the relative value method based on the combined State Negotiated Rates and county non-Medi-Cal contract rates to allocate costs to modes and service functions. Do not select this option if you have not negotiated all your service functions for a Mode of Service. You can use this allocation method if there are Modes 45 and 60 costs to be allocated.
- **Statewide Maximum Allowances (SMA) Rate** – Select “SMA” for relative value method of cost allocation based on SMAs, if there are SMA rates for all the modes and service functions to be allocated.
- **Published Charges** – Select “Published Charges” for relative value method of cost allocation based on published charges, if you reported published charge rates for all the modes and service functions.
- **Directly Allocated** – Select “Directly Allocated” for the direct cost allocation method. This method can be used if costs were developed based on a time study or any other approved costing method.

Column A – Settlement Type

No entry. This column automatically populates from MH 1901 Schedule B, Column A.

Column B – Mode

No entry. This column automatically populates from MH 1901 Schedule B, Column B.

Column C – Service Function

No entry. This column automatically populates from MH 1901 Schedule B, Column C.

Column D – Total Units

No entry. This column automatically populates the information from MH 1901 Schedule B, Column D.

Column E – Eligible Direct Cost

Enter costs associated with TBS, ASO, MHS, ISA, MAA and CAW. These costs, except for MAA and CAW, are reported on MH 1966, Program 2, based on actual costs to the county.

Column F – Directly Allocated Cost

Enter amount for direct allocation to each service function on MH 1966, Program 1. In order to use this column for direct allocation, you must select “Directly Allocated” option from the allocation method selection box. Do not report amounts associated with TBS, MAA, ASO, ISA, MHS and CAW in this column.

Column G – Relative Value

No entry. This column computes the relative value using the selected allocation base. Relative value is the product of multiplying negotiated rate, SMA or published charges by the service function total units of service. For example, if Published Charges is the selected allocation base from the “Allocation Method” option box, the amount generated and placed in Column G will be the product of the published charge rate from MH 1901 Schedule A published charge column, and the total units reported on MH 1901 Schedule C, Column D for each service function.

Column H – Allocation Percentage

No entry. This column computes the allocation percentages for each service function. This is achieved by dividing each service function relative value statistics by the aggregate of all the service functions relative value statistics.

Column I – Allocated Cost

No entry. This column computes the allocated cost for each service function. Allocated cost is the product of Column H and MH 1960, Line 18 minus Column E total. Total direct service costs for allocation includes Eligible Direct Cost from Column E.

NOTE: If data is entered on Column E – Eligible Direct Cost and Column F – Directly Allocated Costs, the sum of Columns E and F **SHOULD** equal the amount shown on Column I. If they do not, the county is responsible for maintaining supporting documentation as to their allocation methodology.

MH 1960***Calculation of Program Costs***

The purpose of MH 1960 is to adjust legal entity costs for Medi-Cal principles of reimbursement, identify the adjusted costs applicable to administration, Utilization Review (UR), research and evaluation, Medi-Cal Administrative Activities (MAA), and direct service modes of service or cost centers.

Line 1 – Mental Health Expenditure

County legal entities should report total gross expenditures for county mental health department or division from the county auditor-controller's report. Amount should include all inter/intra fund transfers and contra entries should be reported as gross expenditures prior to applying revenues. Expenditures should include Healthy Families and Enhanced Medi-Cal funds. The amount on Line 1, Column C should match the total on the summary page of the auditor-controller's report, or the county should maintain work papers that reconcile the amount reported on Line 1, Column C to the auditor-controller's report. Contract provider legal entities should report total gross expenditures from their trial balance.

Column A – Enter the mental health Salaries and Benefits expenditures.

Column B – Enter all other mental health expenditures.

Column C – No entry. This column sums Columns A and B.

Line 2 – Encumbrances

Add encumbrances incurred by the legal entity during the cost report fiscal year not reported on Line 1, and subtract encumbrances included in Line 1 not applicable to the cost report fiscal year.

Column A – Enter the Salaries and Benefits encumbrances for the fiscal year.

Column B – Enter the Other encumbrances for the fiscal year.

Column C – No entry. This column automatically populates from Columns A and B.

No entry. Information for this line automatically populates from MH 1963, Column D, Total Payments to Contract Providers.

Column B – No entry. This column automatically populates from MH 1963, Column D, Total Payments for Contract Providers.

Column C – No entry. This column automatically populates to Column B.

Line 4 – Other Adjustments

No entry. Information for this line automatically populates from MH 1962, Columns A, B, and C, Line 20.

Column A – No entry. Salary and Benefits automatically populates from MH 1962, Column A, Line 20.

Column B – No entry. Adjustments to cost other than Salary and Benefits automatically populates from MH 1962, Column B, Line 20.

Column C – No entry. Automatically populates from the sum of Columns A and B.

Line 5 – Total Costs Before Medi-Cal Adjustments

Columns A, B and C – No entry. This line is the sum of Lines 1 through 4.

Line 6 – Medi-Cal Adjustments

No entry. The total Medi-Cal Adjustment is automatically populated from MH 1961, Line 20, Column C. Refer to Center for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual (PRM) Parts I & II for further explanation of Medi-Cal allowable and non-allowable costs. Note that treatment of depreciation under Medi-Cal is different than under “realignment” without Medi-Cal. Medi-Cal adjustments can be either additions or subtractions to total cost, depending on the types of adjustments. For example, most counties expense equipment as purchased. Medi-Cal principles dictate that the purchase of equipment should be depreciated over the life of the asset, thereby reducing the allowable costs in the year of acquisition, and increasing allowable costs in subsequent years.

Line 7 – Managed Care Consolidation. (Community Services Managed Care-Outpatient Mental Health Services) – County Only

County legal entities are to enter the “Outpatient Mental Health Services” expenditures funded through Community Services – Managed Care allocation (Line 8 of MH 1994) if not included in Line 1. Rollover of FY 2004-2005 managed care funds expended for Outpatient Mental Health Services (Line 2b of MH 1994) should also be included here, if not included in Line 1.

Column C – Enter the expenditures funded through Community Services and the rollover FY 2004-2005 managed care funds expended for Outpatient Mental Health Services if they were not included in Line 1.

Line 8 – Allowable Costs for Allocation

Column C – No entry. This line is the sum of Lines 5, 6 and 7.

The allowable costs on Line 8 are to be allocated among administrative cost centers, utilization review cost centers, research and evaluation, direct services and MAA.

Lines 9 through 12 – Administrative Cost Centers – County Only

County legal entities should report administrative costs on Lines 9, 10 and 11 in Column C. These costs are summed on Line 12 (no entry required on Line 12). Administrative costs should be apportioned between Line 9 (SD/MC including Inpatient FFS/MC), Line 10 (Healthy Families), and Line 11 (non-SD/MC) using: (1) the percentage of Medi-Cal recipients in the population served by the county; (2) relative values based on units and published charges; or (3) gross costs of each program. Follow the instructions in the Medi-Cal Administrative Activities

(MAA) Instruction Manual for guidance on how to determine the percentage of Medi-Cal recipients. Refer to instructions for MH 1901 Schedule C if relative value is the method chosen.

Lines 13 through 16 – Utilization Review Costs – County Only

County legal entities should report UR costs on Lines 13 through 16 in Column C. Skilled Professional Medical Personnel cost should be reported on Line 13, Other SD/MC Utilization Review (Line 14), and non-SD/MC UR (Line 15). Amount reported on Line 13 is reimbursed at the enhanced rate (75 percent FFP). Documentation supporting the amount on Line 13 must be maintained by the county legal entity. MAA Instruction Manual provides a detailed discussion of how to identify Skilled Professional Medical Personnel.

If the county performs UR of all services regardless of client Medi-Cal eligibility, a portion of the UR cost should be reported on Line 15. These costs are summed on Line 16 (no entry required on Line 16).

Line 17 – Research and Evaluation

County legal entities should enter research and evaluation costs on Line 17. Research includes costs for centralized activities under the direction of the Local Mental Health Director designed to increase the scientific knowledge and understanding of the nature, cause, prevention, and treatment of mental, emotional, or behavioral disorders. Evaluation includes the cost of scientific studies regarding the effectiveness and efficiency of specific mental health programs in which goals are clearly defined and achieved in measurable terms. Line 17 should not include Medi-Cal reimbursable costs. Costs of studies, analyses, surveys, and related activities aimed at improving and making provider administration and operation more efficient are not considered research costs and should not be reported on Line 17.

Line 18 – Mode Costs (Direct Service and MAA) – County Only

All legal entities must enter the direct service and MAA costs on Line 18, Column C. This includes all direct costs of providing mental health services and all MAA costs.

Line 19 – Total Costs – Lines 9 through 18

No entry. Line 19 is the sum of Lines 12, 16, 17 and 18. The total amount on Line 19 should equal the amount on Line 8. Any difference between the two amounts should be corrected before proceeding.

MH 1961**Medi-Cal Adjustments to Costs**

The purpose of MH 1961 is to calculate adjustments to costs for Medi-Cal and Medicare principles of allowable costs. Adjustments identified on this form are transferred to MH 1960, Line 6. Refer to Center for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual (PRM) Parts I & II for further explanation of Medi-Cal allowable and non-allowable costs.

Lines 1 through 19

Enter all applicable adjustments to costs for Medi-Cal and Medicare principles of allowable costs. Column C automatically populates the sum of Columns A and B.

Line 20 – Total Adjustments

No entry. Sum of Lines 1 through 19 for each column. The amount on Column C will be entered on MH 1960, Line 6, Column C.

State of California Health and Human Services Agency		Department of Mental Health	
DETAIL COST REPORT			
MEDI-CAL ADJUSTMENTS TO COSTS			
MH 1961 (Rev. 5/05)			
FISCAL YEAR 2005 - 2006			
County: 0			
County Code:			
Legal Entity: 0			
Legal Entity Number:			
	A	B	C
	Salaries and Benefits	Other	Total Adjustments
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20 Total Adjustments			
<div style="text-align: right;">Crosscheck 0 OK</div>			
<div> HOME << MH1901_Schedule_B << MH1991 MH1962 >> MH1960 >> </div>			

MH 1962**Other Adjustments**

The purpose of MH 1962 is to provide Other Adjustments detail information for each activity. Information entered here will automatically populate to MH 1960, Line 4, Columns A, B and C.

Add or subtract any other adjustments to costs the legal entity might have on this form. For example, if the amount reported on MH 1960, Line 1 from the county auditor-controller's report includes the costs of the county substance abuse division, the costs of the substance abuse division would be deducted on MH 1960, Line 4. Also, if the COWCAP A-87 (county overhead) costs were not included in the county auditor-controller's report, these costs would be added on MH 1960, Line 4. Audit adjustments also should be included on MH 1960, Line 4. Other situations that are unique for individual legal entities should be addressed on MH 1960, Line 4.

Lines 1 through 19

Enter all other adjustments to costs on Columns A and B for Lines 1 through 19. Column C automatically populates the sum of Columns A and B.

Line 20 – Total Adjustments

No entry. Sum of Lines 1 through 19 for each column. The amount on Column C will automatically populate to MH 1960, Line 4, Column C.

State of California Health and Human Services Agency		Department of Mental Health	
DETAIL COST REPORT			
OTHER ADJUSTMENTS			
MH 1962 (Rev. 5/05)			
FISCAL YEAR 2005 - 2006			
County: 0			
County Code:			
Legal Entity: 0			
Legal Entity Number:			
	A	B	C
	Salaries and Benefits	Other	Total Adjustments
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2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20 Total Adjustments			
		Crosscheck	OK
		0	
HOME	<< MH1901_Schedule_B	<< MH1961	MH1963 >>
		MH1960 >>	

MH 1963**Payments to Contract Providers (County Only)**

The purpose of MH 1963 is to capture the payments to contract providers. Information entered here will automatically populate to MH 1960, Line 3, Columns B and C.

Payments to contract provider legal entities include all interim payments to providers with which the county has a service contract. This does not include payments to hospitals operated by other county departments. Payments for fee-for-service vendor contracts should not be included on this line. Most county legal entities will not record the Fee-for-Service/Medi-Cal (FFS/MC) payments in their auditor-controller's report because these payments are pass-through funds to the hospital. These payments would not be included on MH 1960, Line 1 or Line 3. **If payments to FFS/MC hospitals contracted under inpatient consolidation are included on MH 1960, Line 1**, these expenditures should be included on this line in order to reduce total mental health expenditures by the FFS/MC amount.

Column B – Enter the contract provider's legal entity name or one entry for the FFS/MC hospitals.

Column C – Enter the contract provider's legal entity number.

Column D – Enter the amount paid to the contract provider.

State of California Health and Human Services Agency		Department of Mental Health	
DETAIL COST REPORT			
PAYMENTS TO CONTRACT PROVIDERS			
MH 1963 (Rev. 5/05)			
County: 0		FISCAL YEAR 2005 - 2006	
County Code: 0			
A	B	C	D
Item	Legal Entity Name	Legal Entity Number	Amount Paid
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
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27			
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34			
35			
36			
37			
38			
39			
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41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
Total Payments to Contract Providers			

HOME MH1960 >> Add Line Items

MH 1964**Allocation of Costs to Modes of Service**

The purpose of MH 1964 is to distribute mode costs to various modes of service, including MAA. **See Appendix E for mode of service information.**

Line 1 – Mode Costs from MH 1960 (Direct Service and MAA)

No entry. Automatically populates the direct service costs from Line 18 of MH 1960.

Lines 2 through 8 – Modes

No entry. The costs for each mode of service are automatically populated from MH 1901 Schedule C, Column I.

Line 9 – Total – Lines 2 through 8

No entry. This line sums Lines 2 through 8. The amount on Line 9 should equal the amount on Line 1. Any difference between the two amounts should be corrected on MH 1960, Lines 9 through 18 before proceeding.

State of California Health and Human Services Agency		Department of Mental Health
DETAIL COST REPORT		
ALLOCATION OF COSTS TO MODES OF SERVICE		
MH 1964 (Rev. 5/05)		FISCAL YEAR 2005 - 2006
County: 0		
County Code:		
Legal Entity: 0		A
Legal Entity Number:		Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	
HOME		Crosscheck OK

MH 1966 Program 1 and Program 2**Allocation of Costs to Service Functions – Mode Total**

MH 1966, Program 1 and Program 2 distribute modes of service costs to the service function level. Program 2 accounts for pass-through costs incurred by fee-for-service contract providers, TBS-only contract providers, non-organizational MHS providers, ASO etc. *Service functions are listed in the CFRS system format chart (Appendix E).* These forms also determine aggregate SD/MC, Medicare/Medi-Cal crossover costs, enhanced SD/MC costs, Healthy Families costs, published charges, SMA for SD/MC, and negotiated rate amounts for each mode of service. MH 1966 forms for Modes 45 and 60 are simplified from the other MH 1966 forms and determine non-Medi-Cal costs for each mode of service. MH 1966 for Mode 55 is also simplified from other MH 1966 forms and identifies the MAA costs for those participating in the MAA program.

MH 1966 automatically populates from MH 1901 Schedules A, B and C. Separate MH 1966 forms are automatically populated for each mode of service.

Line 1 – Allocation Percentage

No entry. The allocation percentage is determined by taking the Total Allocated Cost for each service function from MH 1901 Schedule C divided by the Total Allocated Cost for the respective Mode of the above service functions.

Line 2 – Total Units

No entry. This field fills in automatically from MH 1901 Schedule C, Column D.

Line 3 – Gross Cost

No entry. This field fills in automatically from MH 1901 Schedule C, Column I. The distribution of the amount on Line 3, Column A, to the appropriate service functions fills in automatically from MH 1901 Schedule C, starting in Column B.

Line 4 – Cost per Unit

No entry. Starting in Column B, Line 3 is automatically divided by Line 2 for each service function level.

Line 5 – SMA per Unit

No entry. Starting in Column B, this field fills in automatically from MH 1901 Schedule A, Column C.

State of California Health and Human Services Agency			Department of Mental Health						
DETAIL COST REPORT									
ALLOCATION OF COSTS TO SERVICE									
FUNCTIONS - MODE TOTAL									
MH 1966 (Rev. 5/05)									
County: 0									
County Code:									
Legal Entity: 0									
Legal Entity Number:									
Mode: 15 - Outpatient Services (Program 1)									
			A	B	C	D	E	F	G
			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage								
2	Total Units								
3	Gross Cost								
4	Cost per Unit								
5	SMA per Unit								
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/05 - 09/30/05							
8A		10/01/05 - 06/30/06							
9	Medicare/Medi-Cal Crossover Units	07/01/05 - 09/30/05							
9A		10/01/05 - 06/30/06							
10	Enhanced SD/MC (Children) Units	07/01/05 - 09/30/05							
10A		10/01/05 - 06/30/06							
10B	Enhanced SD/MC (Refugees) Units	07/01/05 - 06/30/06							
11	Healthy Families (SED) Units	07/01/05 - 09/30/05							
11A		10/01/05 - 06/30/06							
12	Non-Medi-Cal Units								
13	Medi-Cal Costs	07/01/05 - 09/30/05							
13A		10/01/05 - 06/30/06							
14	Medi-Cal SMA Upper Limits	07/01/05 - 09/30/05							
14A		10/01/05 - 06/30/06							
15	Medi-Cal Published Charges	07/01/05 - 09/30/05							
15A		10/01/05 - 06/30/06							
16	Medi-Cal Negotiated Rates	07/01/05 - 09/30/05							
16A		10/01/05 - 06/30/06							
17	Medicare/Medi-Cal Crossover Costs	07/01/05 - 09/30/05							
17A		10/01/05 - 06/30/06							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/05 - 09/30/05							
18A		10/01/05 - 06/30/06							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/05 - 09/30/05							
19A		10/01/05 - 06/30/06							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/05 - 09/30/05							
20A		10/01/05 - 06/30/06							
21	Enhanced SD/MC Costs	07/01/05 - 09/30/05							
21A		10/01/05 - 06/30/06							
22	Enhanced SD/MC SMA Upper Limits	07/01/05 - 09/30/05							
22A		10/01/05 - 06/30/06							
23	Enhanced SD/MC Published Charges	07/01/05 - 09/30/05							
23A		10/01/05 - 06/30/06							
24	Enhanced SD/MC Negotiated Rates	07/01/05 - 09/30/05							
24A		10/01/05 - 06/30/06							
25	Enhanced SD/MC (Refugees) Costs	07/01/05 - 06/30/06							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/05 - 06/30/06							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/05 - 06/30/06							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/05 - 06/30/06							
29	Healthy Families Costs	07/01/05 - 09/30/05							
29A		10/01/05 - 06/30/06							
30	Healthy Families SMA Upper Limits	07/01/05 - 09/30/05							
30A		10/01/05 - 06/30/06							
31	Healthy Families Published Charges	07/01/05 - 09/30/05							
31A		10/01/05 - 06/30/06							
32	Healthy Families Negotiated Rates	07/01/05 - 09/30/05							
32A		10/01/05 - 06/30/06							
33	Non-Medi-Cal Costs								

Line 6 – Published Charge per Unit

No entry. Starting in Column B, this field fills in automatically from MH 1901 Schedule A, Column E. See MH 1901 Schedule A instruction for more information.

Line 7 – Negotiated Rate/Cost per Unit

No entry. If applicable, the rate negotiated between the local mental health agency, the legal entity and approved by the State (DMH) for each SD/MC service function fills in automatically from MH 1901 Schedule A, Column D. If the legal entity has a mixture of service function categories with and without negotiated rates, this line will fill in with either the NR or the Cost per unit. This is done so that when these amounts are aggregated on MH 1968, the data are not skewed.

Line 8 – Medi-Cal Units**(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Medi-Cal units (from billing records) for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column E. This field identifies only units for the first quarter of the fiscal year. Do not include Medicare/Medi-Cal crossover or enhanced SD/MC units.

Line 8A – Medi-Cal Units**(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Medi-Cal units (from billing records) for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column F. This field identifies only units for the second, third, and fourth quarters of the fiscal year. Do not include Medicare/Medi-Cal crossover or enhanced SD/MC units.

Line 9 – Medicare/Medi-Cal Crossover Units**(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Medicare/Medi-Cal crossover units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column H. This field identifies only units for the first quarter of the fiscal year.

Line 9A – Medicare/Medical Crossover Units**(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Medicare/Medi-Cal crossover units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column I. This field identifies only units for the second, third and fourth quarters of the fiscal year.

Line 10 – Enhanced SD/MC (Children) Units**(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Enhanced SD/MC (Children) units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column M for the first quarter of the fiscal year.

Line 10A – Enhanced SD/MC (Children) Units**(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Enhanced SD/MC (Children) units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column N for the second, third and fourth quarters of the fiscal year.

Line 10B – Enhanced SD/MC (Refugees) Units**(July 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Enhanced SD/MC (Refugees) units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column P.

**Line 11 – Healthy Families (SED) Units
(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Healthy Families units for each Healthy Families service function fills in automatically from MH 1901 Schedule B, Column R for the first quarter of the fiscal year.

**Line 11A – Healthy Families (SED) Units
(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Healthy Families units for each Healthy Families service function fills in automatically from MH 1901 Schedule B, Column S for the second, third and fourth quarters of the fiscal year.

Line 12 – Non-Medi-Cal Units

No entry. Starting in Column B, non-Medi-Cal units for each service function fills in automatically from MH 1901 Schedule B, Column U.

**Line 13 – Medi-Cal Costs
(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Line 4 is multiplied by Line 8 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 13.

**Line 13A – Medi-Cal Costs
(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 4 is multiplied by Line 8A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 13A.

**Line 14 – Medi-Cal SMA Upper Limits
(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Line 5 is multiplied by Line 8 for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 14.

**Line 14A – Medi-Cal SMA Upper Limits
(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 5 is multiplied by Line 8A for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 14A.

**Line 15 – Medi-Cal Published Charges
(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Line 6 is multiplied by Line 8 for each SD/MC service function. The products of total published charges computed for all service functions are summed up automatically on Column A, Line 15.

**Line 15A – Medi-Cal Published Charges
(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 6 is multiplied by Line 8A for each SD/MC service function. The products of total published charges computed for all service functions are summed up automatically on Column A, Line 15A.

**Line 16 – Medi-Cal Negotiated Rates
(July 1, 2005 – September 30, 2005)**

No entry. If applicable, starting in Column B, Line 7 is multiplied by Line 8 for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 16.

**Line 16A – Medi-Cal Negotiated Rates
(October 1, 2005 – June 30, 2006)**

No entry. If applicable, starting in Column B, Line 7 is multiplied by Line 8A for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 16A.

**Line 17 – Medicare/Medi-Cal Crossover Costs
(July 1, 2005 – September 30, 2005)**

No entry. If applicable, starting in Column B, Line 4 is multiplied by Line 9 for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 17.

**Line 17A – Medicare/Medi-Cal Crossover Costs
(October 1, 2005 – June 30, 2006)**

No entry. If applicable, starting in Column B, Line 4 is multiplied by Line 9A for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 17A.

**Line 18 – Medicare/Medi-Cal Crossover SMA Upper Limits
(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Line 5 is multiplied by Line 9 for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 18.

**Line 18A – Medicare/Medi-Cal Crossover SMA Upper Limits
(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 5 is multiplied by Line 9A for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 18A.

**Line 19 – Medicare/Medi-Cal Crossover Published Charges
(July 1, 2005 – September 30, 2005)**

No entry. If applicable, starting in Column B, Line 6 is multiplied by Line 9 for each SD/MC service function. The products of total published charges for all service functions computed are summed up in Column A, Line 19.

**Line 19A – Medicare/Medi-Cal Crossover Published Charges
(October 1, 2005 – June 30, 2006)**

No entry. If applicable, starting in Column B, Line 6 is multiplied by Line 9A for each SD/MC service function. The products of total published charges for all service functions computed are summed up in Column A, Line 19A.

**Line 20 – Medicare/Medi-Cal Crossover Negotiated Rates
(July 1, 2005 – September 30, 2005)**

No entry. If applicable, starting in Column B, Line 7 is multiplied by Line 9 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 20.

**Line 20A – Medicare/Medi-Cal Crossover Negotiated Rates
(October 1, 2005 – June 30, 2006)**

No entry. If applicable, starting in Column B, Line 7 is multiplied by Line 9A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 20A.

**Line 21 – Enhanced SD/MC (Children) Costs
(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Line 4 is multiplied by Line 10 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 21.

**Line 21A – Enhanced SD/MC (Children) Costs
(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 4 is multiplied by Line 10A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 21A.

**Line 22 – Enhanced SD/MC (Children) SMA Upper Limits
(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Line 5 is multiplied by Line 10 by each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 22.

**Line 22A – Enhanced SD/MC (Children) SMA Upper Limits
(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 5 is multiplied by Line 10A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 22A.

**Line 23 – Enhanced SD/MC (Children) Published Charges
(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Line 6 is multiplied by Line 10 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 23.

**Line 23A – Enhanced SD/MC (Children) Published Charges
(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 6 is multiplied by Line 10A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 23A.

**Line 24 – Enhanced SD/MC (Children) Negotiated Rates
(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Line 7 is multiplied by Line 10 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 24.

**Line 24A – Enhanced SD/MC (Children) Negotiated Rates
(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 7 is multiplied by Line 10A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 24A.

**Line 25 – Enhanced SD/MC (Refugees) Costs
(July 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 4 is multiplied by Line 10B for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 25.

**Line 26 – Enhanced SD/MC (Refugees) SMA Upper Limits
(July 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 5 is multiplied by Line 10B for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 26.

**Line 27 – Enhanced SD/MC (Refugees) Published Charges
(July 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 6 is multiplied by Line 10B for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 27.

**Line 28 – Enhanced SD/MC (Refugees) Negotiated Rates
(July 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 7 is multiplied by Line 10B for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 28.

**Line 29 – Healthy Families Costs
(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Line 4 is multiplied by Line 11 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 29.

**Line 29A – Healthy Families Costs
(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 4 is multiplied by Line 11A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 29A.

**Line 30 – Healthy Families SMA Upper Limits
(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Line 5 is multiplied by Line 11 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 30.

**Line 30A – Healthy Families SMA Upper Limits
(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 5 is multiplied by Line 11A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 30A.

**Line 31 – Healthy Families Published Charges
(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Line 6 is multiplied by Line 11 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 31.

**Line 31A – Healthy Families Published Charges
(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 6 is multiplied by Line 11A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 31A.

**Line 32 – Healthy Families Negotiated Rates
(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Line 7 is multiplied by Line 11 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 32.

**Line 32A – Healthy Families Negotiated Rates
(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 7 is multiplied by Line 11A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 32A.

Line 33 – Non-Medi-Cal Costs

No entry. Starting in Column B, Line 3 minus the sum of Lines 13, 13A, 17, 17A, 21, 21A, 25, 29, and 29A is entered here. The amounts for all service functions are summed up in Column A, Line 33.

MH 1966 Mode 05, Service Function 19***Hospital Inpatient***

The SMA rate for this service function does not include Physician and Ancillary service costs. The intent of this procedure is to ensure that Physician and Ancillary costs related to these Hospital Administrative Days are included in the comparison of the costs, SMA, published charges, and negotiated rates (if applicable). Legal entities with hospital administrative days should complete MH 1991 for the purpose of grossing up of SMA to include Physician and Ancillary costs. Note: you will need to complete the MH 1991 even if you do not have any Physician and Ancillary costs. The SMA costs are pulled directly from the MH 1991.

Upon Completion of Form MH 1991, MH 1966 for Mode 05, Service Function 19 fills in automatically from MH 1901 Schedules A, B and C, and MH 1991:

Lines 1 through 5

No entry. These fields fill in automatically from MH 1901 Schedules B and C. Note that Line 3 should include Physician and Ancillary costs related to patients on administrative day status (costs are limited to those claimable under Section 51511(c), Title 22 of the California Code of Regulations (CCR).

Lines 6, 8, 8A, 13, and 13A

No entry. Lines 6, 8, and 8A fill in automatically from MH 1901 Schedule B. Lines 13 and 13A automatically compute.

Line 7 – Negotiated Rate/Cost per unit

No entry. Mode 05, Service Function 19 has no negotiated rate. If the legal entity has a mixture of service function categories with and without negotiated rates, this line will fill in with either the negotiated rate or the cost per unit. This is done so that when these amounts are aggregated on MH 1968, the data are not skewed.

Lines 9, 9A and 17, 17A through 20, 20A

These lines do not apply to this service function and should be left blank. Administrative Days cannot have crossover units because Medicare will not pay for those beds.

Line 12 – Non-Medi-Cal Units

No entry. This field automatically populates from MH 1901 Schedule B.

Line 13/13A – Medi-Cal Costs

No entry. This field computes Line 4 multiplied by Line 8 (Line 8A).

Line 14/14A

No entry. These fields include Physician and Ancillary costs. It computes automatically by referencing MH 1991, Column I (Physician costs + Ancillary costs).

Line 15/15A – Medi-Cal Published Charges

No entry. These fields automatically compute. The fields are the products of multiplying Line 6 by Line 8 (Line 8A). The published charge should include Physician and Ancillary costs.

Line 16/16A – Medi-Cal Negotiated Rates

No entry. Mode 05, Service Function 19 cannot have a negotiated rate, but if the Legal Entity has a mixture of service function categories with and without negotiated rates, this line will fill in the lower of Costs, SMA with Physician and Ancillary Costs or Charges. This is done so that when these amounts are aggregated on the MH 1968, the data are not skewed.

Line 22/22A – Enhanced SD/MC (Children) SMA Upper Limits

No entry. Line 5 is multiplied by Line 10/10A for each Mode 05, Service Function 19 entry. In addition, the Physician and Ancillary costs identified in MH 1991 for the specific time period and settlement group (Children EMC) are added to amounts that are automatically entered here.

Line 26 – Enhanced SD/MC (Refugees) SMA Upper Limits

No entry. Line 5 is multiplied by Line 10B for each Mode 05, Service Function 19 entry. In addition, the Physician and Ancillary costs identified in MH 1991 for the specific time period and settlement group (Refugees EMC) are added to amounts that are automatically entered here.

Line 30/30A – Healthy Families (SED) SMA Upper Limits

No entry. Line 5 is multiplied by Line 11/11A for each Mode 05, Service Function 19 entry. In addition, Physician and Ancillary costs identified in MH 1991 for the specific time period and settlement group (Healthy Families) are added to amounts that are automatically entered here.

Line 33 – Non-Medi-Cal Costs

No entry. Line 3 minus the sum of Lines 13, 13A, 21, 21A, 25, 29, and 29A is automatically entered here.

MH 1966 Modes 45 and 60***Outreach and Support***

Mode 45 (Outreach) and Mode 60 (Support) services are non-Medi-Cal reimbursable. For these modes, the format is simpler and only consists of six lines. MH 1966 for Modes 45 and 60 fills in automatically from MH 1901 Schedules A, B and C.

Lines 1 through 3

No entry. These fields fill in automatically from MH 1901 Schedules B and C.

Line 4 – Cost per Unit

No entry. Starting from Column B, Line 3 is divided by Line 2 for each service function level.

Line 5 – Non-Medi-Cal Units

No entry. Starting from Column B, non-Medi-Cal units for each service function fills in from Line 2.

Line 6

No entry. Starting from Column B, non-Medi-Cal costs for each service function fills in from Line 3.

MH 1966 Mode 55**Medi-Cal Administrative Activities (MAA)**

MH 1966 for Mode 55 is for Medi-Cal Administrative Activities (MAA) and is a simplified MH 1966 format consisting of five lines. MH 1966 for Mode 55 fills in automatically from MH 1901 Schedules A, B and C.

Lines 1 through 3

No entry. These fields fill in automatically from MH 1901 Schedules B and C.

Line 4 – Cost per Unit

No entry. Starting from Column B, Line 3 is divided by Line 2 for each service function level.

Line 5 – Non-Medi-Cal Units

No entry. Starting from Column B, non-Medi-Cal units for each service function fills in by taking Line 3, Column A of this form and subtracting MH 1968, Line 35, Column D.

State of California Health and Human Services Agency		Department of Mental Health						
DETAIL COST REPORT								
ALLOCATION OF COSTS TO SERVICE								
FUNCTIONS - MODE TOTAL								
MH 1966 (Rev. 5/05)								
PAGE 1 OF 1								
FISCAL YEAR 2005 - 2006								
County: 0								
County Code:								
Legal Entity: 0		A	B	C	D	E	F	G
Legal Entity Number:		Mode Total	Service	Service	Service	Service	Service	Service
Mode: 55 - Medi-Cal Administrative Activities			Function	Function	Function	Function	Function	Function
1	Allocation Percentage							
2	Total Units							
3	Total Expenditures							
4	Cost per Unit							
5	Non-Medi-Cal Costs							

MH 1968***Determination of SD/MC Direct Services and MAA Reimbursement***

The objective of MH 1968 is to determine the net SD/MC and Healthy Families direct service reimbursement (FFP and State Match) for inpatient and outpatient services as well as MAA reimbursement. MAA service function expenditures are combined on MH 1968.

Nominal Fee Provider

Determination of Nominal Fee status is the first step in the cost report settlement process, before application of reimbursement limit (42 CFR 413.13). Legal entities with a significant portion of low-income patients will be required to complete an optional form MH 1969 Nominal Fee Provider Determination prior to completion of MH 1968. Nominal fee providers' reimbursement is limited to the lower of Actual Cost or SMA.

Determination of Cost Settlement Process

Cost settlement process is based on the application of the Lower of Cost or Charges (LCC) cost reimbursement principles. Pursuant to cost reimbursement rules, the application of LCC will be based on the aggregate cost of all outpatient services. Healthy Families follows SD/MC settlement technique and process.

Column K – Total Outpatient

No entry. This column sums Column I – Total Outpatient excluding Program 2 and Column J (Mode 15, Program 2).

**Line 1 – Medi-Cal Costs
(July 1, 2005 – September 30, 2005)**

No entry. The total cost of providing services to regular (excludes enhanced and Medicare crossovers) Medi-Cal patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 13 of MH 1966 for the applicable modes. Note that costs reported on Line 1 are for services provided to Medi-Cal patients only and are not gross costs from Line 3 of MH 1966. The sum of Columns F through H calculates automatically in Column I, Line 1 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 1A – Medi-Cal Costs
(October 1, 2005 – June 30, 2006)**

No entry. The total cost of providing services to regular (excludes enhanced and Medicare crossovers) Medi-Cal patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 13A of MH 1966 for the applicable modes. Note that costs reported in Line 1A are for services provided to Medi-Cal patients only and are not gross costs from Line 3 of MH 1966. The sum of Columns F through H calculates automatically in Column I, Line 1A and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 2 – Medi-Cal SMA Upper Limits
(July 1, 2005 – September 30, 2005)**

No entry. Medi-Cal SMA Upper Limits for each mode of service in Columns E through H and J fills in automatically from Column A, Line 14 of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 2.

**Line 2A – Medi-Cal SMA Upper Limits
(October 1, 2005 – June 30, 2006)**

No entry. Medi-Cal SMA Upper Limits for each mode of service in Columns E through H and J fills in automatically from Column A, Line 14A of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 2A.

**Line 3 – Medi-Cal Published Charges
(July 1, 2005 – September 30, 2005)**

No entry. Medi-Cal Published Charges for each mode of service in Columns E through H and J fills in automatically from Column A, Line 15 of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 3.

**Line 3A – Medi-Cal Published Charges
(October 1, 2005 – June 30, 2006)**

No entry. Medi-Cal Published Charges for each mode of service in Columns E through H and J fills in automatically from Column A, Line 15A of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 3A.

**Line 4 – Medi-Cal Negotiated Rates
(July 1, 2005 – September 30, 2005)**

If applicable, Medi-Cal Negotiated Rates for each mode of service in Columns E through H and J fills in automatically from Column A, Line 16 of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 4.

State of California Health and Human Services Agency			Department of Mental Health											
DETAIL COST REPORT														
DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT														
MH 1968 (Rev. 5/05)														
FISCAL YEAR 2005 - 2006														
County: 0 County Code:			REIMBURSEMENT TYPE				PC		PC		Costs			
Legal Entity: 0			A	B	C	D	E	F	G	H	I	J	K	
Legal Entity Number:			Mode 55			Total MAA	Total Inpatient	Mode 05 Hospital Inpatient Services		Mode 10 Day Services	Mode 15 Outpatient Services Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Outpatient Services Program (2)	Total Outpatient (Col. I + Col. J)
			S.F.'s 01-09	S.F.'s 11-19, 31-39	S.F.'s 21-29			Other 24 Hour Services						
1	Medi-Cal Costs	07/01/05 - 09/30/05												
1A		10/01/05 - 06/30/06												
2	Medi-Cal SMA	07/01/05 - 09/30/05												
2A		10/01/05 - 06/30/06												
3	Medi-Cal P. C.	07/01/05 - 09/30/05												
3A		10/01/05 - 06/30/06												
4	Medi-Cal N. R.	07/01/05 - 09/30/05												
4A		10/01/05 - 06/30/06												
5	Medi-Cal Gross Reimbursement	07/01/05 - 09/30/05												
5A		10/01/05 - 06/30/06												
6	Medicare/Medi-Cal Crossover Cost	07/01/05 - 09/30/05												
6A		10/01/05 - 06/30/06												
7	Medicare/Medi-Cal Crossover SMA	07/01/05 - 09/30/05												
7A		10/01/05 - 06/30/06												
8	Medicare/Medi-Cal Crossover P. C.	07/01/05 - 09/30/05												
8A		10/01/05 - 06/30/06												
9	Medicare/Medi-Cal Crossover N. R.	07/01/05 - 09/30/05												
9A		10/01/05 - 06/30/06												
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/05 - 09/30/05												
10A		10/01/05 - 06/30/06												
11	Total SD/MC + Crossover Gross Reim.	07/01/05 - 09/30/05												
11A		10/01/05 - 06/30/06												
12	Enhanced SD/MC (Children) Cost	07/01/05 - 09/30/05												
12A		10/01/05 - 06/30/06												
13	Enhanced SD/MC (Children) SMA	07/01/05 - 09/30/05												
13A		10/01/05 - 06/30/06												
14	Enhanced SD/MC (Children) P. C.	07/01/05 - 09/30/05												
14A		10/01/05 - 06/30/06												
15	Enhanced SD/MC (Children) N. R.	07/01/05 - 09/30/05												
15A		10/01/05 - 06/30/06												
16	Enhanced SD/MC (Children) Gross Reim.	07/01/05 - 09/30/05												
16A		10/01/05 - 06/30/06												
17	Enhanced SD/MC (Refugees) Cost	07/01/05 - 06/30/06												
18	Enhanced SD/MC (Refugees) SMA	07/01/05 - 06/30/06												
19	Enhanced SD/MC (Refugees) P. C.	07/01/05 - 06/30/06												
20	Enhanced SD/MC (Refugees) N. R.	07/01/05 - 06/30/06												
21	Total Medi-Cal Gross Reimbursement	07/01/05 - 09/30/05												
21A	(Excludes Refugees)	10/01/05 - 06/30/06												
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/05 - 06/30/06												
23	Healthy Families Cost	07/01/05 - 09/30/05												
23A		10/01/05 - 06/30/06												
24	Healthy Families SMA	07/01/05 - 09/30/05												
24A		10/01/05 - 06/30/06												
25	Healthy Families P. C.	07/01/05 - 09/30/05												
25A		10/01/05 - 06/30/06												
26	Healthy Families N. R.	07/01/05 - 09/30/05												
26A		10/01/05 - 06/30/06												
27	Healthy Families Gross Reim.	07/01/05 - 09/30/05												
27A		10/01/05 - 06/30/06												
28	Less: Patient and Other Payor Revenue													
28A	SD/MC + Crossover Revenue	07/01/05 - 09/30/05												
28A		10/01/05 - 06/30/06												
29	Enhanced SD/MC (Children) Revenue													
30	Enhanced SD/MC (Refugees) Revenue													
31	Healthy Families Revenue													
32	Total Expenditures from MAA (Mode 55)													
33	Medi-Cal Eligibility Factor (Average)													
34	Revenue - MAA													
35	Net Due - SD/MC for Direct Services	07/01/05 - 09/30/05												
35A		10/01/05 - 06/30/06												
36	Net Due - Enhanced SD/MC (Refugees)													
37	Net Due - Healthy Families	07/01/05 - 09/30/05												
37A		10/01/05 - 06/30/06												
38	Amount Negotiated Rates Exceed Costs													
38A	SD/MC (Includes Children)	07/01/05 - 09/30/05												
38A		10/01/05 - 06/30/06												
39	Enhanced SD/MC (Refugees)													
40	Healthy Families	07/01/05 - 09/30/05												
40A		10/01/05 - 06/30/06												

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**Line 4A – Medi-Cal Negotiated Rates
(October 1, 2005 – June 30, 2006)**

If applicable, Medi-Cal Negotiated Rates for each mode of service in Columns E through H and J fills in automatically from Column A, Line 16A of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 4A.

**Line 5 – Medi-Cal Gross Reimbursement
(July 1, 2005 – September 30, 2005)**

Legal entities fall into one of four categories based on type of reimbursement system and qualification as nominal fee providers. Table 1 represents the four categories of legal entities and lines from MH 1968 that should be compared. Automatically, the lowest amount from lines being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J consists of Program 2 costs that are to be reimbursed to the county at actual cost as long as the aggregate cost per unit of service is below the SMA. Column J for this line is automatically computed by taking the lower of the Cost line or the SMA line (see Table 2).

**Line 5A – Medi-Cal Gross Reimbursement
(October 1, 2005 – June 30, 2006)**

Legal entities fall into one of four categories based on type of reimbursement system and qualification as nominal fee providers. Table 1 represents the four categories of legal entities and lines from MH 1968 that should be compared. Automatically, the lowest amount from lines being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J consists of Program 2 costs that are to be reimbursed to the county at actual cost as long as the aggregate cost per unit of service is below the SMA. Column J for this line is automatically computed by taking the lower of the Cost line or the SMA line (see Table 2).

Table 1
Lines for Comparison

Legal Entity Classifications	Reimbursement Method	Lowest of Lines
<i>Cost-Based Reimbursement</i>		
1. Nominal Fee Provider	Cost	1 + 1A + 6 + 6A + 12 + 12A + 17
	- or -	- or -
	SMA	2 + 2A + 7 + 7A + 13 + 13A + 18
2. Not A Nominal Fee Provider	Cost	1 + 1A + 6 + 6A + 12 + 12A + 17
	- or -	- or -
	SMA	2 + 2A + 7 + 7A + 13 + 13A + 18
	- or -	- or -
	Published Charges	3 + 3A + 8 + 8A + 14 + 14A + 19
<i>Negotiated Rate Reimbursement</i>		
3. Nominal Fee Provider	SMA	2 + 2A + 7 + 7A + 13 + 13A + 18
	- or -	- or -
	Negotiated Rates	4 + 4A + 9 + 9A + 15 + 15A + 20
4. Not a Nominal Fee Provider	SMA	2 + 2A + 7 + 7A + 13 + 13A + 18
	- or -	- or -
	Published Charges	3 + 3A + 8 + 8A + 14 + 14A + 19
	- or -	- or -
	Negotiated Rates	4 + 4A + 9 + 9A + 15 + 15A + 20

**Line 6 – Medicare/Medi-Cal Crossover Costs
(July 1, 2005 – September 30, 2005)**

No entry. The total cost of providing services to Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 17 of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 6.

**Line 6A – Medicare/Medi-Cal Crossover Costs
(October 1, 2005 – June 30, 2006)**

No entry. The total cost of providing services to Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 17A of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 6A.

**Line 7 – Medicare/Medi-Cal Crossover SMA
(July 1, 2005 – September 30, 2005)**

No entry. Medi-Cal SMA Upper Limit amounts for Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 18 of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 7.

**Line 7A – Medicare/Medi-Cal Crossover SMA
(October 1, 2005 – June 30, 2006)**

No entry. Medi-Cal SMA Upper Limit amounts for Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 18A of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 7A.

**Line 8 – Medicare/Medi-Cal Crossover Published Charges
(July 1, 2005 – September 30, 2005)**

No entry. Medicare/Medi-Cal crossover published charge amounts for each mode of service in Columns E through H fills in automatically from Column A, Line 19 of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 8.

**Line 8A – Medicare/Medi-Cal Crossover Published Charges
(October 1, 2005 – June 30, 2006)**

No entry. Medicare/Medi-Cal crossover published charge amounts for each mode of service in Columns E through H fills in automatically from Column A, Line 19A of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 8A.

**Line 9 – Medicare/Medi-Cal Crossover Negotiated Rates
(July 1, 2005 – September 30, 2005)**

No entry. If applicable, Medi-Cal Negotiated Rate amounts for Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H fills in automatically from Column A, Line 20 of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 9.

**Line 9A – Medicare/Medi-Cal Crossover Negotiated Rates
(October 1, 2005 – June 30, 2006)**

No entry. If applicable, Medi-Cal Negotiated Rate amounts for Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H fills in automatically from Column A, Line 20A of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 9A.

**Line 10 – Medicare/Medi-Cal Crossover Gross Reimbursement
(July 1, 2005 – September 30, 2005)**

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J is automatically computed by taking the lower of the cost line or the SMA line (see Table 2).

**Line 10A – Medicare/Medi-Cal Crossover Gross Reimbursement
(October 1, 2005 – June 30, 2006)**

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J is automatically computed by taking the lower of the cost line or the SMA line (see Table 2).

Table 2
Lines for Comparison
For Outpatient Program 2 Only

Legal Entity Classifications	Reimbursement Method	Lowest of Lines
All Program 2	Cost	1 + 1A + 6 + 6A + 12 + 12A + 17
	- or -	- or -
	SMA	2 + 2A + 7 + 7A + 13 + 13A + 18

Line 11 – Total SD/MC + Crossover Gross Reimbursement
(July 1, 2005 – September 30, 2005)

No entry. Automatically fills in the sum of Lines 5 and 10 in Columns E through K.

Line 11A – Total SD/MC + Crossover Gross Reimbursement
(October 1, 2005 – June 30, 2006)

No entry. Automatically fills in the sum of Lines 5A and 10A in Columns E through K.

Line 12 – Enhanced SD/MC (Children) Cost
(July 1, 2005 – September 30, 2005)

No entry. The total cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 21 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 21 and represents the total outpatient Medi-Cal Costs for Program 1.

Line 12A – Enhanced SD/MC (Children) Cost
(October 1, 2005 – June 30, 2006)

No entry. The total cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 21A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 21A and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 13 – Enhanced SD/MC (Children) SMA
(July 1, 2005 – September 30, 2005)**

No entry. The total SMA Upper Limit cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 22 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 13 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 13A – Enhanced SD/MC (Children) SMA
(October 1, 2005 – June 30, 2006)**

No entry. The total SMA Upper Limit cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 22A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 13A and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 14 – Enhanced SD/MC (Children) Published Charges
(July 1, 2005 – September 30, 2005)**

No entry. The total published charge cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 23 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 14 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 14A – Enhanced SD/MC (Children) Published Charges
(October 1, 2005 – June 30, 2006)**

No entry. The total published charge cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 23A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 14A and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 15 – Enhanced SD/MC (Children) Negotiated Rate
(July 1, 2005 – September 30, 2005)**

No entry. The total negotiated rate cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 24 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 15 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 15A – Enhanced SD/MC (Children) Negotiated Rate
(October 1, 2005 – June 30, 2006)**

No entry. The total negotiated rate cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 24A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 15A and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 16 – Enhanced SD/MC (Children) Gross Reimbursement
(July 1, 2005 – September 30, 2005)**

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E through I. Column J is automatically computed by taking the lower of the cost line or the SMA line (see Table 2).

**Line 16A – Enhanced SD/MC (Children) Gross Reimbursement
(October 1, 2005 – June 30, 2006)**

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E through I. Column J is automatically computed by taking the lower of the cost line or the SMA line (see Table 2).

**Line 17 – Enhanced SD/MC (Refugees) Cost
(July 1, 2005 – June 30, 2006)**

No entry. The total cost of providing services to Enhanced SD/MC (Refugees) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 25 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 17 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 18 – Enhanced SD/MC (Refugees) SMA
(July 1, 2005 – June 30, 2006)**

No entry. The total SMA cost of providing services to Enhanced SD/MC (Refugees) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 26 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 18 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 19 – Enhanced SD/MC (Refugees) Published Charge
(July 1, 2005 – June 30, 2006)**

No entry. The total published charge cost of providing services to Enhanced SD/MC (Refugees) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 27 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 19 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 20 – Enhanced SD/MC (Refugees) Negotiated Rate
(July 1, 2005 – June 30, 2006)**

No entry. The total negotiated rate cost of providing services to Enhanced SD/MC (Refugees) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 28 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 20 and represents the total outpatient Medi-Cal Costs for Program 1.

Line 21 – Total Medi-Cal Gross Reimbursement (excludes Enhanced SD/MC Refugees)**(July 1, 2005 – September 30, 2005)**

No entry. This is automatically calculated as the sum of Lines 11 and 16. The total Medi-Cal Gross Reimbursement for SD/MC (Refugees) is accounted for in Line 22 (see below).

Line 21A – Total Medi-Cal Gross Reimbursement (excludes Enhanced SD/MC Refugees)**(October 1, 2005 – June 30, 2006)**

No entry. This is automatically calculated as the sum of Lines 11A and 16A. The total Medi-Cal Gross Reimbursement for SD/MC (Refugees) is accounted for in Line 22 (see below).

**Line 22 – Enhanced SD/MC (Refugees) Gross Reimbursement
(July 1, 2005 – June 30, 2006)**

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J is automatically computed by taking the lower of the cost line or the SMA line (see Table 2).

**Line 23 – Healthy Families Cost
(July 1, 2005 – September 30, 2005)**

No entry. The total cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 29 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 23 and represents the total outpatient Healthy Families Costs for Program 1.

**Line 23A – Healthy Families Cost
(October 1, 2005 – June 30, 2006)**

No entry. The total cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 29A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 23A and represents the total outpatient Healthy Families Costs for Program 1.

**Line 24 – Healthy Families SMA
(July 1, 2005 – September 30, 2005)**

No entry. The total SMA cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 30 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 24 and represents the total outpatient Healthy Families Costs for Program 1.

**Line 24A – Healthy Families SMA
(October 1, 2005 – June 30, 2006)**

No entry. The total SMA cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 30A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 24A and represents the total outpatient Healthy Families Costs for Program 1.

**Line 25 – Healthy Families Published Charge
(July 1, 2005 – September 30, 2005)**

No entry. The total published charge cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 31 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 25 and represents the total outpatient Healthy Families Costs for Program 1.

**Line 25A – Healthy Families Published Charge
(October 1, 2005 – June 30, 2006)**

No entry. The total published charge cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 31A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 25A and represents the total outpatient Healthy Families Costs for Program 1.

**Line 26 – Healthy Families Negotiated Rate
(July 1, 2005 – September 30, 2005)**

No entry. The total negotiated rate cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 32 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 26 and represents the total outpatient Healthy Families Costs for Program 1.

**Line 26A – Healthy Families Negotiated Rate
(October 1, 2005 – June 30, 2006)**

No entry. The total negotiated rate cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 32A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 26A and represents the total outpatient Healthy Families Costs for Program 1.

**Line 27 – Healthy Families Gross Reimbursement
(July 1, 2005 – September 30, 2005)**

No entry. Automatically, the reimbursement method selected by comparing the lowest amount from lines in Tables 1 and 2 for all SD/MC costs is utilized to apply the same methodology to determine Healthy Families Gross Reimbursement. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J is automatically computed by taking the lower of the cost line or the SMA line (see Table 2).

**Line 27A – Healthy Families Gross Reimbursement
(October 1, 2005 – June 30, 2006)**

No entry. Automatically, the reimbursement method selected by comparing the lowest amount from lines in Tables 1 and 2 for all SD/MC costs is utilized to apply the same methodology to determine Healthy Families Gross Reimbursement. Inpatient reimbursement and Outpatient reimbursement are determined independently in Columns E and I. Column J is automatically computed by taking the lower of the cost line or the SMA line (see Table 2).

**Line 28 – Less: Patient and Other Payor Revenues
(July 1, 2005 – September 30, 2005)**

No entry. Revenue such as patient fees for Medi-Cal share of costs, patient insurance, Medicare, and other revenues received on behalf of Medi-Cal clients in providing Medi-Cal units report on MH 1966 automatically populate from MH 1901 Schedule B, Columns K and L. This does not include realignment funding. Revenues should be reported on an accrual basis and should be identified as directly as possible to service function or mode level. If revenues cannot be directly identified, use a reasonable method to allocate revenues between inpatient and outpatient services.

Medicare revenues include revenues for services provided during this cost report fiscal year. Prior year Medicare revenues should not be included in the cost report.

**Line 28A – Less: Patient and Other Payor Revenues
(October 1, 2005 – June 30, 2006)**

No entry. The amounts are automatically populated from MH 1901 Schedule B, Column L. See Line 28 for more information.

Line 29 – Enhanced SD/MC (Children) Patient Revenue

No entry. The amounts are automatically populated from MH 1901 Schedule B, Column O. See Line 28 for more information.

Line 30 – Enhanced SD/MC (Refugees) Patient Revenue

No entry. The amounts are automatically populated from MH 1901 Schedule B, Column Q. See Line 28 for more information.

Line 31 – Healthy Families Patient Revenue

No entry. Healthy Families client fees, or other sources for providing services to Healthy Families clients, are automatically populated from MH 1901 Schedule B, Column T. See Line 28 for more information.

Line 32 – Total Expenditures from MAA (Mode 55)

No entry. Total Expenditures identified in MH 1966, Mode 55, Line 3 for Service Functions 1 through 9 in Column A; Service Functions 11 through 19 and 31 through 39 in Column B; and Service Functions 21 through 29 in Column C automatically populate these fields. The sum of Columns A, B and C automatically calculates in Column D.

Line 33 – Medi-Cal Eligibility Factor (Average)

No entry. County Medi-Cal eligibility factor (percentage) cell references MH 1901 Schedule A, Column E, Line 35.

Line 34 – Revenue – MAA

No entry. Does not apply.

Line 35 – Net Due SD/MC for Direct Services

(July 1, 2005 – September 30, 2005)

No entry. Column A automatically populates the amount from Line 32. Columns B and C are filled by the result of product of Lines 32 and 33. The sum of Columns A, B and C, Line 35, is automatically populated in Column D, Line 35.

For Columns E, I, J and K, the result of Line 21 minus the sum of Lines 28 and 29 is automatically populated.

Line 35A – Net Due SD/MC for Direct Services

(October 1, 2005 – June 30, 2006)

No entry. The result of Line 21A minus Lines 28A for Columns E, I, J and K are automatically populated.

Line 36 – Net Due Enhanced SD/MC (Refugees)

No entry. The result of Line 22 minus Line 30 for Columns E, I, J and K are automatically populated.

Line 37 – Net Due for Healthy Families

(July 1, 2005 – September 30, 2005)

No entry. The result of Line 27 minus Line 31 in Columns E, I, J and K are automatically populated.

Line 37A – Net Due for Healthy Families

(October 1, 2005 – June 30, 2006)

No entry. Line 27A is automatically populated here.

Line 38 – Amount Negotiated Rates Exceed Costs for SD/MC (Excludes Enhanced SD/MC Refugees)

(July 1, 2005 – September 30, 2005)

No entry. The difference of the sum of Lines 4, 9 and 15 minus the sum of Lines 1, 6 and 12 is automatically populated here. If the difference is less than zero, then zero is automatically populated. This line excludes enhanced SD/MC (Refugees) and INCLUDES enhanced SD/MC (Children).

Line 38A – Amount Negotiated Rates Exceed Costs for SD/MC (Excludes Enhanced SD/MC Refugees)

(October 1, 2005 – June 30, 2006)

No entry. The difference of the sum of Lines 4A, 9A and 15A minus the sum of Lines 1A, 6A and 12A is automatically populated here. If the difference is less

than zero, then zero is automatically populated here. This line excludes Enhanced SD/MC (Refugees) and INCLUDES Enhanced SD/MC (Children).

Line 39 – Amount Negotiated Rates Exceed Costs for Enhanced SD/MC (Refugees)

No entry. The difference of Line 20 minus Line 17 is automatically populated here. If the difference is less than zero, then zero is automatically populated.

Line 40 – Amount Negotiated Rates Exceed Costs for Healthy Families (July 1, 2005 – September 30, 2005)

No entry. The difference of Line 26 minus Line 23 is automatically populated here. If the difference is less than zero, then zero is automatically populated.

Line 40A – Amount Negotiated Rates Exceed Costs for Healthy Families (October 1, 2005 – June 30, 2006)

No entry. The difference of Line 26A minus Line 23A is automatically populated here. If the difference is less than zero, then zero is automatically populated.

MH 1969 INST**Instructions for Lower of Costs or Charges Determination**

The purpose of MH 1969 INST is to determine if you qualify as a Nominal Fee Provider. Before you can continue to complete the MH 1969, you must answer four questions on MH 1969 INST.

- ☐ Does your legal entity have a published schedule of its full (non-discounted) charges?
- ☐ Are your legal entity's revenues for patient care based on application of a published charge schedule?
- ☐ Does your legal entity maintain written policies for its process of making patient indigence determinations?
- ☐ Does your legal entity maintain sufficient documentation to support the amount of "indigence allowances" written off in accordance with the above procedures?

Nominal Fee Provider determination			
Please answer the following questions.			
Yes	No		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.	Does your legal entity have a published schedule of its full (non-discounted) charges?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.	Are your legal entity's revenue for patient care based on application of published charge schedule?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3.	Does your legal entity maintain written policies for its process of making patient indigence determinations?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4.	Does your legal entity maintain sufficient documentation to support the amount of "indigence allowances" written off in accordance with the above procedures?

[HOME](#)
[<< MH1960](#)
[MH1969 >>](#)

If you answer No to any of the above questions, then you DO NOT qualify as a Nominal Fee Provider and you should not complete the MH 1969.

MH 1969 (Optional)**Lower of Costs or Charges Determination**

The legal entity must have a published schedule of its full (non-discounted) charges. The objective of MH 1969 is to determine whether legal entities are exempt from having to apply the Lower of Cost or Charges (LCC) principle. MH 1969 is an optional form and should be completed by legal entities whose charges are lower than the SMA upper limits; and costs for non-negotiated rate legal entities or negotiated rates for negotiated rate legal entities. If a legal entity's Medi-Cal adjusted customary charges are equal to or less than 60 percent of Medi-Cal costs, and the legal entity meets four additional criteria, the legal entity is exempt from having to include charges in the comparison on MH 1968. The four additional criteria that must be met by a legal entity are:

- The legal entity must have a published schedule of its full (non-discounted) charges.
- The legal entity's revenues for patient care must be based on application of a published charge schedule.
- The legal entity must maintain written policies for its process of making patient indigence determinations.
- The legal entity must maintain sufficient documentation to support the amount of "indigence allowances" written off in accordance with the above procedures.

The exemption must be proven separately for Medi-Cal Inpatient Services (Mode 05-Hospital Inpatient Services) and Medi-Cal Outpatient Services (Mode 05-Other 24 Hour Services, Mode 10-Day Services, and Mode 15-Outpatient Services). Refer to DMH Letter No. 90-05 and attachments for a detailed explanation of how to meet these four criteria.

Medi-Cal adjusted customary charges can be calculated using several different methods, all of which result in the same outcome.² MH 1969 employs the calculation method applicable to most legal entities. Medi-Cal adjusted customary charges are calculated by first dividing actual charges to non-Medicare and non-Medi-Cal patients by adjusted or published charges to non-Medicare and non-Medi-Cal patients. This ratio is then applied to Medi-Cal charges (i.e., amounts billed to Medi-Cal), resulting in Medi-Cal adjusted customary charges. These charges are compared to 60 percent of Medi-Cal costs and, if equal to or less, the legal entity is exempt from having to apply the LCC principle. Dollar amounts should be rounded to the nearest whole dollar.

² See: *Medicare and Medicaid Guide*, Commerce Clearing House, ¶7585, August 1989.

Line 3 – Non-Medicare/Medi-Cal Patient Insurance

Enter the total patient insurance collected from non-Medicare patients and non-Medi-Cal patients for the cost report fiscal year. Line 3, Column A, represents patient insurance collected for Mode 05-Hospital Inpatient Services and Line 3, Column E, represents patient insurance collected for Mode 05-Other 24 Hour Services, Mode 10-Day Services, and Mode 15-Outpatient Services.

Line 4 – Subtotal

No entry. This line sums Lines 2 and 3 for Column A (Inpatient) and Column E (Outpatient).

Line 5 – Non-Medicare/Medi-Cal Published Charges

Non-Medicare/Medi-Cal Published Charges represent amount non-Medicare and non-Medi-Cal patients would have paid had they been full-fee paying patients. On a separate worksheet maintained by the legal entity, multiply the units of service/time provided to non-Medicare and non-Medi-Cal patients by the legal entity's published charge or rate for each service function. These amounts should be aggregated by mode of service and reported in appropriate Column on Line 5. The sum of Columns B through D is automatically populated in Column E. Columns A and E represent legal entity's non-Medicare/Medi-Cal published charges for inpatient and outpatient services.

Line 6 – Ratio of Actual to Published Charges

No entry. The calculation is Line 4 divided by Line 5 in Column A (Inpatient) and Column E (Outpatient).

Line 7 – Medi-Cal Adjusted Customary Charges

No entry. The calculation is Line 1 multiplied by Line 6 in Column A (Inpatient) and Column E (Outpatient).

Line 8 – Medi-Cal Costs

No entry. The legal entity's total cost for providing Medi-Cal Inpatient and Outpatient services are automatically populated in Columns A and E. These costs are derived from the sum of MH 1968, Lines 11, 11A, 16, 16A and 22, Column E and Column I.

Line 9 – 60 Percent of Medi-Cal Costs

No entry. Columns A and E are automatically calculated by multiplying Line 8 by 60 percent and the results are automatically populated on Line 9.

If amount on Line 9, Column A (60 percent of Medi-Cal inpatient costs) is greater than Line 7, Column A (Medi-Cal inpatient adjusted customary charges), the legal entity is exempt from having to apply the LCC principle for Mode 05-Hospital Inpatient Services. If Line 7, Column A, is greater than Line 9, Column A, the legal entity is not exempt from having to apply the LCC principle for Mode 05-Hospital Inpatient Services on MH 1968, and must include Medi-Cal Mode 05-Hospital Inpatient charges in the comparison on MH 1968.

If amount on Line 9, Column E (60 percent of Medi-Cal outpatient costs) is greater than Line 7, Column E (Medi-Cal outpatient adjusted customary charges), the legal entity is exempt from having to apply the LCC principle for outpatient services. If Line 7, Column E, is greater than Line 9, Column E, the legal entity is not exempt from having to apply the LCC principle for outpatient services on MH 1968, and must include the Medi-Cal outpatient charges in the comparison on MH 1968.

MH 1979***SD/MC Preliminary Desk Settlement***

The objective of MH 1979 is to determine the preliminary net Federal Financial Participation (FFP) due to the legal entity for all SD/MC and Healthy Families services. Data for Lines 1 through 10 and 13 through 15 are to be entered by County legal entities in appropriate forms (MH 1900_Info and MH 1960, etc.)

Line 1 – County SD/MC Direct Service Gross Reimbursement

No entry. In Columns B and C, County's legal entity SD/MC direct service gross reimbursement for inpatient and outpatient services are automatically populated from MH 1968, Columns E and K, sum of Lines 21, 21A and 22. The sum of Columns B and C is automatically populated in Column D.

Line 2 – Contract Provider Medi-Cal Direct Service Gross Reimbursement

No entry. In Columns B and C, Contract Providers SD/MC Direct Service Gross reimbursement for inpatient and outpatient services are manually entered in the MH 1900 Information Sheet from the MH 1968, Columns E and K, sum of Lines 21, 21A and 22 for all legal entities that contract for SD/MC services with the county of County Mental Health Plans (MHPs). This entry should include payments to FFS/MC hospitals for psychiatric inpatient services (MH 1994, Lines 2A, 6 and 7 Plus FFP) that have not been included in the Allowable Costs for Allocation (Line 8) on MH 1960. The sum of Columns B and C automatically populates in Column D.

Line 3 – Total Medi-Cal Direct Service Gross Reimbursement

No entry. The sum of Lines 1 and 2 in Column D are automatically populated on Line 3. This amount represents total allowable SD/MC direct service costs in the county that will be used to determine maximum allowable SD/MC administrative reimbursement for the county legal entity.

Line 4 – SD/MC Administrative Reimbursement Limit

No entry. SD/MC Administrative costs are limited to 15 percent of SD/MC direct service costs. Column D, Line 3 is automatically multiplied by 0.15 to compute maximum SD/MC reimbursement for administrative services.

Line 5 – SD/MC Administration

No entry. SD/MC administrative costs are automatically populated from MH 1960, Column C, Line 9.

State of California Health and Human Services Agency											Department of Mental Health
DETAIL COST REPORT											
SD/MC PRELIMINARY DESK SETTLEMENT											
MH 1979 (Rev. 5/05)											
FISCAL YEAR 2005 - 2006											
County: 0											
County Code:											
Legal Entity: 0											
Legal Entity Number	A	B	C	D	E	F	G	H	I	J	
	Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	50.00% FFP	50.00% FFP	Variable % FFP	75.00% FFP	Total FFP	
SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement										
2	Contract Providers Medi-Cal Direct Service Gross Reimbursement										
3	Total Medi-Cal Direct Service Gross Reimbursement										
4	Medi-Cal Administrative Reimbursement Limit										
5	Medi-Cal Administration										
6	Medi-Cal Administrative Reimbursement										
Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement										
7A	Contract Providers Healthy Families Direct Service Gross Reim.										
7B	Total Healthy Families Direct Service Gross Reimbursement										
8	Healthy Families Administrative Reimbursement Limit										
9	Healthy Families Administration										
10	Healthy Families Administrative Reimbursement										
SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin. Activities Svc Functions 01 - 09										
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)										
15	Other SD/MC Utilization Review (County Only)										
16	SD/MC Net Reimbursement for Direct Services	07/01/05 - 09/30/05									
16A		10/01/05 - 06/30/06									
17	Enhanced SD/MC Net Reimb. (Children)	07/01/05 - 09/30/05									
17A		10/01/05 - 06/30/06									
18	Enhanced SD/MC Net Reimb. (Refugees)										
19	Total SD/MC Reimbursement Before Excess FFP										
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC										
21	Total SD/MC Reimbursement (FFP)										
22	Contract Limitation Adjustment										
23	Adjusted Total SD/MC Reimbursement (FFP)										
24	Healthy Families Net Reimbursement	07/01/05 - 09/30/05									
24A		10/01/05 - 06/30/06									
25	Total Healthy Families Reimbursement Before Excess FFP										
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										

STATE SHARE OF SD/MC COST	
Line 6: Column D minus Column E	
Line 10: Column D minus Column H	
Line 11: Column D minus Column E	
Line 12: Column D minus Column E	
Line 13: Column D minus Column I	
Line 14: Column D minus Column I	
Line 15: Column D minus Column E	
Line 16: Column D minus Column F	
Line 16A: Column D minus Column G	
Line 17: Column D minus Column H	
Line 17A: Column D minus Column H	
Line 18: Column D minus Column H	
Line 24: Column D minus Column H	
Line 24A: Column D minus Column H	
TOTAL STATE SHARE SD/MC COST	

Line 6 – SD/MC Administrative Reimbursement

No entry. The lower of Lines 4 and 5 is automatically populated in Column D, Line 6. The amount in Column D is automatically multiplied by 50 percent to determine FFP for SD/MC administration. The result is rounded to the nearest whole dollar and entered in Column E.

Line 7 – County Healthy Families Direct Service Gross Reimbursement

No entry. In Columns B and C, County's legal entity Healthy Families Direct Service Gross Reimbursement are automatically populated from MH 1968, Columns E and K, sums of Lines 27 and 27A. The sum of Columns B and C automatically populates Column D.

Line 7A – Contract Provider Healthy Families Direct Service Gross Reimbursement

No entry. In Columns B and C, Contract Providers Healthy Families Direct Service Gross Reimbursement for inpatient and outpatient services are manually entered in the MH 1900 Information Sheet from calculating the MH 1968, Columns E and K, sum of Lines 27 and 27A for all legal entities that contract for Healthy Families services with the county of County Mental Health Plans (MHPs). The sum of Columns B and C automatically populates in Column D.

Line 7B – Total Healthy Families Direct Service Gross Reimbursement

No entry. The sum of Lines 7 and 7A in Column D are automatically populated on Line 7B. This amount represents total allowable Healthy Families (HF) direct service costs in the county that will be used to determine maximum allowable HF administrative reimbursement for the county legal entity.

Line 8 – Healthy Families Administrative Reimbursement Limit

No entry. Healthy Families Administrative costs are limited to 10 percent of Healthy Families direct service gross costs. Column D, Line 7, is automatically multiplied by 10 percent to compute Healthy Families administrative limit.

Line 9 – Healthy Families Administration

No entry. The Healthy Families Administrative costs are automatically populated from Column C, Line 10 of MH 1960.

Line 10 – Healthy Families Administrative Reimbursement

No entry. The lower of Lines 8 and 9 from Column D is automatically selected and populated in Column D, Line 10. The amount in Column D is automatically multiplied by 65 percent to determine the FFP for Healthy Families administrative costs. The result is rounded to the nearest whole dollar and populated on Line 10, Column H.

NOTE: Lines 11 through 13 are for MAA participants only. Others Skip to Line 14.

Line 11 – Medi-Cal Administrative Activities Service Functions 01 - 09

No entry. The Net Due from Medi-Cal for MAA for Service Functions 01 through 09 is automatically populated from Line 35, Column A, of MH 1968 in Columns A and D. The result in Column D is automatically multiplied by 50 percent and entered in Columns E and J. Verify that Line 11 equals or agrees with MH 1979, Line 21, Column J (FFP).

Line 12 – Medi-Cal Administrative Activities Service Functions 11 - 19, 31 - 39

No entry. The Net Due from Medi-Cal for MAA for Service Functions 11 through 19 and 31 through 39 is automatically populated from Line 35, Column B, of MH 1968 in Columns A and D. The result in Column D is automatically multiplied by 50 percent and entered in Columns E and J. Verify that Line 12 agrees with MH 1979, Line 27 (Healthy Families).

Line 13 – Medi-Cal Administrative Activities Service Functions 21 - 29 (County Only)

No entry. The Net Due from Medi-Cal for MAA for Service Functions 21 through 29 is automatically populated from Line 35, Column C, of MH 1968 in Columns A and D. The result in Column D is automatically multiplied by 75 percent and populated in Columns I and J.

Line 14 – Utilization Review – Skilled Professional Medical Personnel (County Only)

No entry. The SD/MC utilization review costs for skilled professional medical personnel are populated from Column C, Line 13 of MH 1960. The result in Column D is automatically multiplied by 75 percent to determine FFP and populated in Columns I and J.

Line 15 – Other SD/MC Utilization Review (County Only)

No entry. The other SD/MC utilization review costs are automatically populated from Column C, Line 14 of MH 1960 in Column D. The result in Column D is automatically multiplied by 50 percent to determine FFP and populated in Columns E and J.

Line 16 – SD/MC Net Reimbursement for Direct Services @ 50% (July 1, 2005 – September 30, 2005)

No entry. The SD/MC direct service net reimbursement for inpatient and outpatient services are automatically populated from Columns E and K, Line 11 of MH 1968 in Columns B and C, respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 50 percent to determine FFP for SD/MC direct services and populated in Columns F and J.

**Line 16A – SD/MC Net Reimbursement for Direct Services @ 50%
(October 1, 2005 – June 30, 2006)**

No entry. The SD/MC direct service net reimbursement for inpatient and outpatient services are automatically populated from Columns E and K, Line 11A of MH 1968 in Columns B and C, respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 50 percent to determine FFP for SD/MC direct services and populated in Columns G and J.

**Line 17 – Enhanced SD/MC Net Reimbursement (Children) @ 65%
(July 1, 2005 – September 30, 2005)**

No entry. The Enhanced SD/MC (Children) direct services net reimbursement is automatically populated from Columns E (Inpatient) and K (Outpatient), Line 16 of MH 1968 in Columns B and C, respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 65 percent to determine FFP for Enhanced SD/MC (Children) direct services and populated in Columns H and J.

**Line 17A – Enhanced SD/MC Net Reimbursement (Children) @ 65%
(October 1, 2005 – June 30, 2006)**

No entry. The Enhanced SD/MC (Children) direct services net reimbursement is automatically populated from Columns E (Inpatient) and K (Outpatient), Line 16A of MH 1968 in Columns B and C, respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 65 percent to determine FFP for Enhanced SD/MC (Children) direct services and populated in Columns H and J.

Line 18 – Enhanced SD/MC Net Reimbursement (Refugees) @ 100%

No entry. The Enhanced SD/MC (Refugees) direct services net reimbursement is automatically populated from Columns E (Inpatient) and K (Outpatient), Line 22 of MH 1968 in Columns B and C, respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 100 percent to determine FFP for Enhanced SD/MC (Refugees) direct services and populated in Columns H and J.

Line 19 – Total SD/MC Reimbursement Before Excess FFP

No entry. The sum of Column J, Lines 6, 11 through 15, 16, 16A, 17, 17A and 18 are automatically populated in Column J.

Line 20 – Amount Negotiated Rates Exceed Costs – SD/MC and Enhanced SD/MC

No entry. Legal entities reimbursed based on negotiated rates must refund to CMS, 25 percent of the amount negotiated rates or reimbursement rates exceed costs. From MH 1968, the sum of Lines 38, 38A and 39 in Columns E (Inpatient) and K (Outpatient) is automatically populated into Columns B and C, respectively. The sum of Columns B and C is automatically populated in Column D. Column J automatically multiplies Column D by 25 percent. This represents the amount of FFP to be repaid to CMS.

Line 21 – Total SD/MC Reimbursement (FFP)

No entry. For Column J, the result of Line 19 minus Line 20 is automatically populated.

Line 22 – Contract Limitation Adjustment

No entry. This line automatically populates from MH 1900 Information Sheet when the county enters an adjustment to Medi-Cal due to contract limitations.

Line 23 – Adjusted Total Short-Doyle/Medi-Cal Reimbursement (FFP)

No entry. The result of Line 21 plus Line 22 is automatically populated.

**Line 24 – Healthy Families Net Reimbursement @ 65%
(July 1, 2005 – September 30, 2005)**

No entry. The amounts (Net Due-Healthy Families) from MH 1968, Line 37, Columns E (Inpatient) and K (Outpatient) are automatically populated in Columns B and C, respectively. The amount in Column D is automatically multiplied by 65 percent to determine FFP for SD/MC Healthy Families direct services and populated in Columns H and J.

**Line 24A – Healthy Families Net Reimbursement @ 65%
(October 1, 2005 – June 30, 2006)**

No entry. The amounts (Net Due-Healthy Families) from MH 1968, Line 37A, Columns E (Inpatient) and K (Outpatient) are automatically populated in Columns B and C, respectively. The amount in Column D is automatically multiplied by 65 percent to determine FFP for SD/MC Healthy Families direct services and populated in Columns H and J.

Line 25 – Total Healthy Families Reimbursement Before Excess FFP

No entry. The sum of Line 10, Line 24 and Line 24A is automatically populated in Column J.

Line 26 – Amount Negotiated Rate Exceeds Cost – Healthy Families

No entry. This line must remain blank. NR is not applicable to the Healthy Families program.

Line 27 – Total Healthy Families Reimbursement

No entry. The difference between Line 25 and Line 26 is automatically populated in Column J.

MH 1991***Calculation of SD/MC (Hospital Administrative Days)***

The objective of MH 1991 is to identify amount of Physician and Ancillary costs associated with SD/MC and Healthy Families (SED) Hospital Administrative Days (Mode 05, Service Function 19) for use on the MH 1966.

Column A – Settlement Group

No entry. Settlement groups are provided.

Column B – Provider Number

Enter 4-digit Provider Number.

Column C – SMA Rate

No entry. SMA Rate for FY 2005-2006 is provided for the two periods.

Column D – Period of Service

No entry. Period of service from 07/01/05 through 07/31/05 - \$236.82

Period of service from 08/01/05 through 06/30/06 - \$299.80

Column E – Administrative Days

Enter number of SD/MC administrative days according to period during which services were provided and by the settlement group the services were rendered during the fiscal year. This column should match the number of Medi-Cal units reported on Schedule B for Mode 05, Service Function 19.

Column F – Subtotal Amount

No entry. This is the result of Column C multiplied by Column E.

Column G – Physician Costs

Enter cost of physician services related to SD/MC Administrative Days for each period and settlement group. (Amounts should be included in total billed to Medi-Cal.)

Column H – Ancillary Costs

Enter cost of ancillary services related to SD/MC Administrative Days for each period and settlement group. (Amounts should be included in total billed to Medi-Cal.)

Column I – Total Amount

No entry. This is the sum of Columns F, G and H for each period and settlement group.

State of California Health and Human Services Agency					Department of Mental Health			
DETAIL COST REPORT CALCULATION OF SHORT-DOYLE/MEDI-CAL FOR FY 2005 - 2006 HOSPITAL ADMINISTRATIVE DAYS <div style="display: flex; justify-content: space-between; font-size: x-small;"> MH 1991 (Rev. 5/05) FISCAL YEAR 2005 - 2006 </div>								
COUNTY NAME:		LEGAL ENTITY			NAME:			
COUNTY CODE:					NUMBER:			
A	B	C	D	E	F	G	H	I
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT
SDMC		\$236.82	07/01/05 - 07/31/05					
		\$299.80	08/01/05 - 09/30/05					
		\$299.80	10/01/05 - 12/31/05					
		\$299.80	01/01/06 - 06/30/06					
							Sub Total:	
Children EMC		\$236.82	07/01/05 - 07/31/05					
		\$299.80	08/01/05 - 09/30/05					
		\$299.80	10/01/05 - 12/31/05					
		\$299.80	01/01/06 - 06/30/06					
							Sub Total:	
Refugees EMC		\$236.82	07/01/05 - 07/31/05					
		\$299.80	08/01/05 - 09/30/05					
		\$299.80	10/01/05 - 12/31/05					
		\$299.80	01/01/06 - 06/30/06					
							Sub Total:	
Healthy Families		\$236.82	07/01/05 - 07/31/05					
		\$299.80	08/01/05 - 09/30/05					
		\$299.80	10/01/05 - 12/31/05					
		\$299.80	01/01/06 - 06/30/06					
							Sub Total:	
GRAND TOTAL								
<div style="display: flex; justify-content: space-around; align-items: center;"> HOME << MH1901_Schedule_B MH1961 >> </div>								

MH 1992 INST***Identification of Funding Sources***

The purpose of the MH 1992 INST is to identify all funding sources that are applicable. This form is designed to remove all unnecessary lines from the MH 1992.

“Yes” box will be the automatic default for all Funding Sources for the legal entity.

Identification of Funding Sources Please check all that apply.				
Yes	No		Funding Sources	MH1992
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.	SAMHSA Grants	(Line 4)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.	PATH Grants	(Line 5)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3.	RWJ Grants	(Line 6)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4.	Other Grants	(Line 7)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5.	Patient Fees	(Line 9)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6.	Patient Insurance	(Line 10)
		7.	Regular SD/MC (FFP only)	(Line 11)
		8.	Healthy Family - Fed share	(Line 12)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9.	Medicare - Fed. Share	(Line 13)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10.	Conservatorship Admin. Fees	(Line 14)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.	State General Fund-State Share	(Line 15)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12.	State General Fund-County Match	(Line 16)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13.	SGF-Managed Care - Outpatient	(Line 17)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14.	04-05 Rollover - Managed Care-Other	(Line 18)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15.	EPSDT SD/MC - State Share Est.	(Line 19)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16.	04-05 SGF Rollover	(Line 20A)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17.	Other Revenue	(Line 20B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18.	Realignment Funds/MOE	(Line 21)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.	Prior Years MHSA	(Line 22)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20.	MHSA	(Line 23)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	21.	County Overmatch	(Line 24)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	22.	CALWORKS	(Line 25)
HOME		MH1992 >>		

MH 1992**Funding Sources**

The objective of MH 1992 is to identify the types of resources used to finance specific mental health program activities for each legal entity. Funding source identifies who is paying for programs authorized by the county mental health agency.

Column J – Total Legal Entity

No entry. This column sums Columns A through I for each line.

Line 1 – Gross Cost

No entry. Column A, Line 1, is the sum of Column C, Lines 12 and 17 of MH 960. Column B is from MH 1960, Column C, Line 16. Columns C through I, Line 1 are from Column A, Line 3 of the relevant MH 1966's.

Line 2 – Adjustment

Enter in Columns **C** through **I**, the amounts needed to adjust legal entity costs to actual program funding, such as the difference between county contract rate and actual cost incurred by contract providers.

State of California Health and Human Services Agency											Department of Mental Health																						
DETAIL COST REPORT																																	
FUNDING SOURCES																																	
MH 1992 (Rev. 5/05)											FISCAL YEAR 2005 - 2006																						
County: 0																																	
County Code:																																	
Legal Entity: 0																																	
Legal Entity No.:																																	
<table border="1"> <tr> <th></th> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th>I</th> <th>J</th> </tr> <tr> <th></th> <th>Admin./ Research & Evaluation</th> <th>Utilization Review</th> <th>Mode 05 - Hospital Inpatient</th> <th>Mode 05 - Other 24 Hour Services</th> <th>Mode 10 - Day Services</th> <th>Mode 15 - Outpatient Services</th> <th>Mode 45 - Outreach Services</th> <th>Mode 55 - MAA</th> <th>Mode 60 - Support Services</th> <th>Total Legal Entity</th> </tr> </table>												A	B	C	D	E	F	G	H	I	J		Admin./ Research & Evaluation	Utilization Review	Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA	Mode 60 - Support Services	Total Legal Entity	
	A	B	C	D	E	F	G	H	I	J																							
	Admin./ Research & Evaluation	Utilization Review	Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA	Mode 60 - Support Services	Total Legal Entity																							
											CROSSCHECKS																						
1	Gross Cost																																
2	Adjustments																																
3	Adjusted Gross Cost																																
											OK																						

For Legal Entities that provide services to *multiple counties*, adjust gross aggregate county legal entity allowable costs on Line 2, Columns **C** through **I** to agree with the amount received from each county for which a cost report is being submitted. Report aggregate gross county legal entity costs for all county legal entities on MH 1960, and aggregate gross county legal entities units of service on MH 1901 Schedule B for the determination of cost per unit.

Line 3 – Adjusted Gross Cost

No entry. Line 1 plus or minus Line 2 is automatically populated.

Line 4 – SAMHSA Grants

Enter revenues accrued from SAMHSA grants for appropriate modes of service.

Line 5 – PATH Grants

Enter revenues accrued from PATH grants for appropriate modes of service.

Line 6 – RWJ Grants

Enter revenues accrued from Robert Wood Johnson (RWJ) Foundation grants for appropriate modes of service.

Line 7 – Other Grants

Enter revenues accrued from other grants not reported on Lines 4 through 6 for appropriate modes of service.

Line 8 – Total Grants Accrued

No entry. Lines 4 through 7 for Columns A through G are automatically populated.

Line 9 – Patient Fees

Enter patient fees received for appropriate treatment program modes of service.

State of California Health and Human Services Agency											Department of Mental Health
DETAIL COST REPORT											
FUNDING SOURCES											
MH 1992 (Rev. 5/05)											
FISCAL YEAR 2005 - 2006											
County: 0											
County Code:											
Legal Entity: 0											
Legal Entity No.:											
		A	B	C	D	E	F	G	H	I	J
		Admin./ Research & Evaluation	Utilization Review	Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA	Mode 60 - Support Services	Total Legal Entity
1	Gross Cost										
2	Adjustments										
3	Adjusted Gross Cost										
	Funding Sources										
	Grants										
4	SAMHSA Grants										
5	PATH Grants										
6	RWJ Grants										
7	Other Grants										
8	Total Grants Accrued										
9	Patient Fees										
10	Patient Insurance										
11	Regular/Enhanced SD/MC (FFP only)										
12	Healthy Family - Fed share										
13	Medicare - Fed. Share										
14	Conservatorship Admin. Fees										
15	State General Fund-State Share										
16	State General Fund-County Match										
17	SGF-Managed Care - Outpatient										
18	04-05 Rollover - Managed Care-Other										
19	EP/SDT SD/MC - State Share Est.										
20A	04-05 SGF Rollover										
20B	Other Revenue										
21	Realignment Funds/MOE										
22	Prior Years MHSA										
23	MHSA										
24	County Overmatch										
25	CALWORKS										
26	Total Funding Sources										

CROSSCHECKS

OK

OK

OK MH1979 SD/MC MATCH

OK MH1979 HF MATCH

OK

EDIT CHECKS

Line 3 - Line 24? OK

Amt. to Balance to Line 3: 0 0 0 0 0 0 0 0 0 0 0 0

HOME << MH1992_INST DONE!

Line 10 – Patient Insurance

Enter patient insurance received for appropriate treatment program modes of service.

Line 11 – Regular and Enhanced Short-Doyle/Medi-Cal (FFP Only)

No entry. SD/MC and enhanced SD/MC net reimbursement (FFP portion only) are included on this line. Column A (Administration) comes from MH 1979, Column J, Line 6. Column B (Utilization Review) is the result of MH 1979, Column J, Lines 14 plus 15. Column C (Mode 05 – Hospital Inpatient) is the result of MH 1979, Column B, sum of Line 16 x .50, plus Line 16A x .50, plus Line 17 x .65, plus Line 17A x .65, plus Line 18 x 1.00, minus MH 1979, Column B, Line 20 x .25. Columns D (Mode 05 – Other 24 Hour Services), E (Mode 10 – Day Services) and F (Mode 15 – Outpatient Services) are calculated using data from MH 1968, Columns F (Mode 05- Other 24 Hour Services), G (Mode 10 – Day Services), and H plus J (Mode 15 – Outpatient Services, Programs 1 and 2), Line 11 minus Line 28, x .50, plus Line 11A minus Line 28A, x .50, plus Line 16 minus Line 29, x .65, plus Line 16A, x .65, plus Line 22 minus Line 30, x 1.0 minus the sum of Lines 38, 38A and 39 x .25. Column H (Mode 55 – MAA) is calculated using MH 1979, Column J, sum of Lines 11, 12 and 13.

Line 12 – Healthy Families – Federal Share

No entry. Column A (Administration) comes from MH 1979, Column J, Line 10. Column C (Mode 05 – Hospital Inpatient) is the result of MH 1979, Column B, Line 24 x .65, plus Line 24A x .65, minus the product of .25 x Line 26. Columns D (Mode 05 – Other 24 Hour Services), E (Mode 10 – Day Services) and F (Mode 15 – Outpatient Services) are calculated using data from MH 1968, Columns F (Mode 05 – Other 24 Hour Services), G (Mode 10 – Day Services) and H plus J (Mode 15 – Outpatient Services, Programs 1 and 2), Line 37 x .65, plus Line 37A x .65, minus .25 x sum of Lines 40 plus 40A.

Line 13 – Medicare – Federal Share

Enter Medicare revenue accrued/received for appropriate treatment program modes of service.

Line 14 – Conservator Administrative Fees

Enter conservator administration fees received in Column I, Line 14.

Line 15 – State General Fund – State Share

Enter State share of State General Fund (SGF) (90 percent for large counties) in Columns A through I. These are primarily categorical funds allocated by DMH to the counties for FY 2005-2006. Community Services – Other Treatment for Mental Health Managed Care should not be included on this line. Total amount should equal MH 1940, Column A, Lines 9, 10, 11 and 12.

Line 16 – State General Fund – County Match

Enter county share (10 percent for large counties) of cost to match State General Fund in Columns A through I, if applicable.

Line 17 – State General Fund – Managed Care – Outpatient Mental Health Services

Enter expenditures by modes of service for Outpatient Mental Health Services funded by FY 2005-2006 SGF – Managed Care allocation. Total amount should equal MH 1994, Lines 8 and 9 and MH 1940, Line 13, Column A.

Line 18 – FY 2004-2005 Rollover – Managed Care – Outpatient Mental Health Services

Enter expenditures for Outpatient Mental Health Services by modes of service, funded by rollover from FY 2004-2005 SGF – Managed Care allocation. The amount should equal MH 1994, Line 2B, amount expended on Outpatient Mental Health Services. Line 2A is inpatient hospital expenditures paid from the contingency reserves, while Line 2B is outpatient expenditures paid also from the contingency reserves.

Line 19 – EPSDT SD/MC – State Share Estimate

Enter estimated SGF of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) SD/MC. Estimated amount should be based upon anticipated EPSDT expenditures and may or may not be different than EPSDT SGF Interim Funding the County received as an advance. EPSDT amount should be reflected on MH 1940, Line 16.

Line 20A – FY 2004-2005 SGF Rollover

Enter by mode of service, categorical funds SGF rolled over from the previous fiscal year. **Note:** Report county match for rollover that requires county share.

Line 20B – Other Revenues

Enter here all other revenues received and not reported on Lines 4 through 19.

Line 21 – Realignment Funds/Maintenance of Effort

Enter amount expended per realignment funding and county Maintenance of Effort (MOE) obligations pursuant to Welfare and Institutions Code § 17608.05 for each mode of service. Include realignment funds used to match FFP under the Short-Doyle/Medi-Cal program. Exclude realignment funding for State Hospitals and county match for SGF allocated by State Department of Mental Health.

Line 22 – Prior Years-MHSA

No entry. Field Shaded for FY 2005-2006.

Line 23 – MHSA

Enter amount expended per Mental Health Services Act (MHSA) funding, including MHSA funds used to match FFP under the Short-Doyle/Medi-Cal program. This amount should equal MH 1995, Line 7.

Line 24 – County Overmatch

Enter county overmatch funds the county contributes over the percentage amounts prescribed by law.

Line 25 – CalWORKS

Enter the county CalWORKS funds used for mental health services.

Line 26 – Total Funding Sources

No entry. This line sums Lines 8 through 25 for Columns A through I. Amount in Column J, Line 25, should equal amount in Column J, Line 3. Any difference between the two amounts should be corrected before submitting the cost report.

No text this page.

Summary Forms for Counties ONLY

This section details the following forms and their requirements for Summary County Cost Reporting ONLY.

MH 1900_INFO_SUM	Information Sheet (Sample in Appendix D)
MH 1908	Supplemental State Resource Data Report final amounts for State Categorical Funds from "Final Allocation" Letter
MH 1909	Supplemental Cost Report Data by Program Category
MH 1909_SUM	Supplemental Cost Report Data by Program Category (Sample in Appendix D)
MH 1912	Supplemental Cost Report Data for Special Education Program
MH 1968_SUM	Determination of SD/MC Direct Service and MAA Reimbursement (Sample in Appendix D)
MH 1979_SUM	Summary SD/MC Preliminary Desk Settlement (Sample in Appendix D)
MH 1992_SUM	Summary Funding Sources (Sample in Appendix D)
MH 1994	Report of Mental Health Managed Care Allocation and Expenditures
MH 1995	Report of Mental Health Services Act (MHSA) Distribution and Expenditures
MH 1940 and Certification Page	Year End Cost Report Summary
MH 1979_1992_RECON	Reconciliation of MH 1979 and MH 1992 for FFP Accuracy (Sample in Appendix D)
MH_EPSDT	EPSDT Costs (Sample in Appendix D)
MHINOUT	Inpatient/Outpatient Summary (Sample in Appendix D)
MH 1992DETAIL	MH 1992 Detail (Sample in Appendix D)

MH 1908***Supplemental State Resource Data – Preliminary Worksheet to the MH 1909s***

The purpose of the MH 1908 Supplemental State Resource Data worksheet is to segregate funding sources according to fund classification. The data collected and analyzed here will be used to populate each categorical funding on the MH 1909's.



First Table – Program and Final Allocation

Enter county's allocation amount for budget category from the county's Final Allocation Worksheet.

Second Table – Program Data by Fund Sources, Final Allocation and Prior Year Rollover Allocation

The first column is "Final Allocation". This column is automatically populated based on the information in the first table.

The second column is "Prior Year Rollover Allocation". Enter any rollover allocations from FY 2004-2005 by fund source.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY SUPPLEMENTAL STATE RESOURCE DATA MH 1908 (05/05)		DEPARTMENT OF MENTAL HEALTH Fiscal Year 2005-2006	
County: 0			
County Code: 0			
PROGRAM	FINAL ALLOCATION		
Community Services - Other Treatment			
Adult System of Care			
Children's Mental Health Services			
Community Services: Other Treatment for Mental Health Managed Care	\$0		
<i>Managed Care Subset</i>			
S.E.P. Assessment, Treatment and Case Management			
TOTAL COMMUNITY SERVICES	\$0		
PROGRAM DATA BY FUND SOURCES	FINAL ALLOCATION	PRIOR YEAR ROLLOVER ALLOCATION	
4440-101-0001 (1) Community Services - Other Treatment			
4440-101-0001 Adult System of Care			
4440-101-0001 (1.5) Children's Mental Health Services			
4440-103-0001 Community Services - Other Treatment for Mental Health Managed Care	\$0		
<i>Managed Care Subset</i>			
4440-131-0001 S.E.P. Assessment, Treatment & Case Management			
TOTAL FUND SOURCES	\$0	\$0	

[Summary Flow](#)

COMMENT BOXES TO THE RIGHT OF THE SECOND TABLE

The comment box is designed to be your navigator in the process of completing the MH 1909 forms. If you enter data in the first table, the comment box will prompt and identify the form or forms for you to complete. On the second table, if you entered data on the rollover Column, you will be prompted to complete the identified MH 1909 form.

Community Services – Other Treatment:

Cost Report FYMH 1909_CSRV

Rollover FYMH 1909_CSRV_ROLL

Adult Systems of Care:

Cost Report FYMH 1909_ASOC

Rollover FYMH 1909_ASOC_ROLL

Children's Mental Health Services:

Cost Report FYMH 1909_CSOC

Rollover FYMH 1909_CSOC_ROLL

MH 1909***Supplemental Cost Report Data by Program Category***

The objective of MH 1909 is to identify State General Fund (SGF) allocation and expenditures for specified budget item and program category funds. A separate MH 1909 is to be prepared for each program category fund and each program category funds rolled over from the previous fiscal year. Rollover expenditures are not current year Categorical Funds Allocation and should not be included in the Funding Sources portion of MH 1940.

Lines 1, 2, 3 – County Name, FY, Submission Date

No entry. The information is pulled from MH 1900_INFO_SUM.

Lines 4 and 5 – Budget Category, Budget Item Number

No entry. The information is hard coded to the individual worksheets.

Line 6 – SGF Allocation

No entry. This amount is pulled from MH 1908 from the second table and the Final Allocation Column.

Column A – Legal Entity Name

No entry. Each legal entity supported by appropriate Budget Program Category being reported. The legal entity name will be pulled from the MH 1900 Information Sheet the moment the legal entity number is entered.

Column B – Legal Entity Number

Enter five-digit number as assigned to Legal Entity.

Column C – Mode of Service

Enter two-digit code for appropriate Mode of Service.

Column D – Service Function

Enter two-digit code for appropriate Service Function.

Column E – Units of Service

Enter the Units of Service.

Column F – State Share of Net Cost

For each legal entity entry, enter the amount of allocated SGF expended on specified Budget Program Category, excluding amounts used as state match to FFP, which are included in Column G.

Enter the amount of Short-Doyle/Medi-Cal FFP (match) generated by Budget Program Category services specified in Column G **plus** additional FFP share matched by other funds in Column K. Entry on Column J must also be reported on MH 1940, Column B.

Column K – Other Fund Sources

Enter expenditures above the allocated SGF used to provide identified Budget Program Category services. This column should also include non-state general funds used to match FFP. However, for CSOC/EPSDT funds, this column can be above allocated SGF even if total allocated fund has not been expended.

Please add an explanation line if above the allocated SGF amount. Other funds, such as the IDEA fund, should be reported in this column.

MH 1912***Supplemental Cost Report Data for Special Education Program (SEP)***

The objective of MH 1912 is to identify total SEP costs, regardless of funding source. The MH 1912 SEP will be used for reporting total program costs associated with the SEP mandate to the California Legislature and the California Department of Education (CDE). Additionally, for those counties submitting SB 90 Claims for this program, the MH 1912 SEP will be the supporting documentation for that claim.

Lines 1, 2, 3 – County Name, FY, Submission Date

No entry. The information is pulled from MH 1900_INFO_SUM.

Lines 4 and 5 – Budget Category, Budget Item Number

No entry. No information required at this time.

Line 6 – SGF Allocation

No entry. No information required at this time.

Column A – Legal Entity Name

No entry. This field is automatically populated when the Legal Entity Number is identified in Column B.

Column B – Legal Entity Number

Enter the five-digit number assigned to the legal entity, regardless of funding source.

Column C – Mode of Service

Enter the two-digit code for the appropriate Mode of Service.

Column D – Service Function

Enter the two-digit code for the appropriate Service Function.

Columns E through G – Units of Service

Units of Service are for services associated with the AB 3632 SEP program, regardless of funding source. AB 3632 services are only those services on the Individualized Education Plan (IEP). Any other service provided to an AB 3632 eligible child should not be included on the MH 1912 SEP. AB 3632 services begin with the mental health assessment after referral from the Local Education Agency pursuant to the IEP. Any pre-referral services are not considered AB 3632 services and should not be reported on the MH 1912 SEP. The total units of service should match the total units of service reported to CSI and identified as being part of an IEP for SEP.

For Medi-Cal legal entities, the total units of service should match the SD/MC approved units of service provided to SEP clients.

Column E – Medi-Cal Units of Service

Enter the Medi-Cal Units of Service for the mode and service function for AB 3632 services.

Column F – Non-Medi-Cal Units of Service

Enter the Non-Medi-Cal Units of Service for the mode and service function for AB 3632 services.

Column G – Total Units of Service

No entry. This is the sum of Medi-Cal Units of Service (Column E) and Non-Medi-Cal Units of Service (Column F). Column G is the Total Units of Service associated with the provision of AB 3632 SEP, regardless of funding source.

Column H –Reimbursement Rate and Cost Per Unit

Enter on separate lines the reimbursement rate for Medi-Cal units used to determine FFP, and the cost per unit for Non-Medi-Cal units by mode and service function from the appropriate MH 1966, Lines 4 through 7.

Column I – Medi-Cal Costs – Total

No entry. This is the sum of Medi-Cal Units of Service (Column E) multiplied by Cost Per Unit (Column H).

Column J – Medi-Cal Costs – FFP

Enter the Medi-Cal FFP Costs for AB 3632 services for each legal entity and service function by multiplying the Total Medi-Cal Costs (Column I) by the FFP sharing ratio. This automatically populates the MH 1940, Line 12, Column B.

Column K – Medi-Cal Costs – County EPSDT Baseline

Enter the estimated county EPSDT baseline funds to be used as match for the FFP in Column J. This represents the amount of county EPSDT baseline funding related to AB 3632 services provided to Medi-Cal beneficiaries.

Column L – Medi-Cal Costs – EPSDT County Match for Growth

Enter the estimated EPSDT county matching funds for the growth in EPSDT State General Funds. This represents the amount of the required ten percent county match to growth in EPSDT SGF for AB 3632 services provided to Medi-Cal beneficiaries.

Column M – Medi-Cal Costs – EPSDT State General Funds

No entry. This is automatically populated from Medi-Cal Costs – Total (Column I) less the sum of Medi-Cal Costs – FFP (Column J), Medi-Cal Costs – EPSDT Baseline (Column K), and Medi-Cal Costs – EPSDT County Match for Growth (Column L). This represents the amount of EPSDT SGF for AB 3632 services provided to Medi-Cal beneficiaries.

Column N – Non-Medi-Cal Costs – Total

No entry. This is the sum of Non-Medi-Cal Units of Service (Column F) multiplied by the Cost Per Unit (Column H).

Column O – Non-Medi-Cal Costs – County Matching Funds

Since there is no DMH allocation for SEP in FY 2005-06, there is no match requirement for SEP. However, if county general funds are used to support the SEP program, enter the amount of County General Funds used. Document this in the 'Footnote' section, if this amount is included in the SB 90 claim.

Column P – Non-Medi-Cal Costs – State General Funds

Enter the amount of SGF used to support SEP Non-Medi-Cal Units of Service.

Column Q – Non-Medi-Cal Costs – Other Fund Sources

No entry. This is automatically calculated as the difference between the Total Non-Medi-Cal Costs (Column N) and the funding identified in Non-Medi-Cal Costs – County Matching Funds (Column O) and Non-Medi-Cal Costs – SGF (Column P). This should represent any other funds used to provide service for this program, such as County Office of Education/Special Education Local Plan Areas, realignment funds, patient fees, or any other fund source not identified in any of the other columns. A total amount for each fund source is to be provided in the 'Footnotes' section.

Column R – Total SEP Program Costs

No entry. This is automatically calculated as the Total Units of Service (Column G) multiplied by the Cost per Unit (Column H). This amount should also equal the sum of Total Medi-Cal Cost (Column I) and Non-Medi-Cal Cost (Column N).

NOTE: If other categorical program funds were used to support SEP costs, an explanation in the 'Footnotes' section is required. A copy of the County SB 90 claim for SEP is to be provided to confirm that total costs are included in both documents. Documentation in the 'Footnote' section is required if no County SB 90 claim is filed for SEP.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY SUPPLEMENTAL COST REPORT DATA FOR SPECIAL EDUCATION PROGRAM MH1912 (05/05)										DEPARTMENT OF MENTAL HEALTH Fiscal Year 2005-2006									
<div style="border: 1px solid black; padding: 2px; display: inline-block; color: blue; text-decoration: underline;">Add Line</div>																			
1) COUNTY NAME 0		2) FISCAL YEAR 2005-2006		3) DATE COMPLETED															
4) BUDGET PROGRAM CATEGORY		5) BUDGET ITEM NUMBER		6) ALLOCATION AMOUNT															
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R		
7) LEGAL ENTITY NAME:	Legal Entity Number	Mode of Service	Service Function	Units of Service			Reimburse Rate / Cost per Unit	Medi-Cal Costs					Non-Medi-Cal Costs				Total SEP Program Costs		
				Medi-Cal	Non-Medi-Cal	Total		Total	FFP	County EPSDT Baseline	EPSDT County Match for Growth	EPSDT State General Funds	Total	County Matching Funds	State General Funds	Other Fund Sources			
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MH 1994***Report of Mental Health Managed Care Allocation and Expenditures***

The purpose of this form is to allow each county legal entity to report expenditures for Managed Care State General Fund (SGF) allocation (4440-103-0001: Community Services – Outpatient Mental Health Services for Mental Health Managed Care).

FY 2004-2005 Rollover – Column A:**Line 1, FY 2004-2005 SGF Mental Health Contingency Reserve**

No entry. This amount automatically populated from the MH 1908 Supplemental State Resource Data sheet (Column E, Row 20). This amount represents Managed Care SGF for FY 2004-2005 not spent during that fiscal year and reserved for FY 2005-2006. (This line should be the same as FY 2004-2005 Cost Report, MH 1994, Line 10.)

Line 2a, FY 2004-2005 Contingency Reserve Expenditures for Inpatient Expenditures in FY 2005-2006

Enter FY 2004-2005 Managed Care Contingency Reserve SGF Inpatient expended during FY 2005-2006.

Line 2b, FY 2004-2005 Contingency Reserve Expenditures for Outpatient Expenditures in FY 2005-2006.

Enter FY 2004-2005 Managed Care Contingency Reserve SGF Outpatient expended during FY 2005-2006.

Line 3, SGF Mental Health Contingency Reserve

No entry. Line 1 minus Line 2.

FY 2005-2006 Allocation – Column A:**Line 4, SGF Managed Care Allocation**

No entry. This line is automatically populated from MH 1908 Supplemental State Resource Data sheet, 4440-103-0001 “Community Services – Outpatient Mental Health Services for Mental Health Managed Care”.

Line 5, SGF Mental Health Contingency Reserve Rollover Expenditures

No entry. This line picks up from Line 3.

Line 6, FFS/MC Expenditures Acute Inpatient Hospital Days

Enter SGF portion of FFS/MC expenditures for Acute Psychiatric Inpatient Hospital days.

Line 7, FFS/MC Expenditures Inpatient Hospital Administrative Days

Enter SGF portion of FFS/MC expenditures for Inpatient Hospital Administrative days.

Line 8, FFS/MC Expenditures Outpatient Mental Health Services

Enter the expenditures for Managed Care SGF allocation used to match FFS/MC expended for Outpatient Mental Health Services.

Line 9, State General Fund Expenditures Other Mental Health Services

Enter the portion of FY 2005-2006 Managed Care SGF allocation used to fund Other Mental Health Services expenditures.

Line 10, State General Fund Mental Health Contingency Reserve

Enter portion of FY 2005-2006 Managed Care SGF allocation that was not expended during the FY 2005-2006 and is held as contingency reserve to be rolled over for expenditure during FY 2006-2007.

Line 11, Unexpended/Uncommitted State General Fund Balance

No entry. This line sums Lines 4 through 9. The amount listed on this line is the amount that the county identifies as unexpended during FY 2005-2006 and does not intend to rollover into FY 2006-2007.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY		DEPARTMENT OF MENTAL HEALTH	
REPORT OF MENTAL HEALTH MANAGED CARE ALLOCATION AND EXPENDITURES MH 1994 (05/05)		Fiscal Year 2005-2006	
COUNTY OF: 0 COUNTY CODE: 0 DATE COMPLETED:			
		A	
FY 2004-2005 Rollover		State General Fund	
1)	FY 2004-2005 SGF Mental Health Contingency Reserve	0	
	Less		
2a)	FY 2004-2005 Contingency Reserve Expenditures for Inpatient Hospital Services in FY 2005-2006		
	Less		
2b)	FY 2004-2005 Contingency Reserve Expenditures for Outpatient Mental Health Services in FY 2005-2006		
3)	Total SGF Mental Health Contingency Reserve	0	
FY 2005-2006 Allocation			
4)	FY 2005-2006 SGF Managed Care Allocation	0	
	Plus		
5)	FY 2004-2005 SGF Mental Health Contingency Reserve Rollover Expenditures (Line 3)	0	
	Less		
6)	FY 2005-2006 FFS/MC Expenditures Acute Inpatient Hospital Days		
	Less		
7)	FY 2005-2006 FFS/MC Expenditures Inpatient Hospital Administrative Days		
	Less		
8)	FY 2005-2006 FFS/MC Expenditures Outpatient Mental Health Services		
	Less		
9)	Other FY 2005-2006 State General Fund Expenditures Other Mental Health Services		
	Less		
10)	FY 2005-2006 State General Fund Mental Health Contingency Reserve		
	Total		
11)	FY 2005-2006 Unexpended/Uncommitted State General Fund Balance	0	
Summary Flow			

MH 1995***Report of Mental Health Services Act (MHSA) Distribution and Expenditures***

The purpose of this form is to allow each county legal entity to report expenditures for MHSA distribution.

Prior Years Distribution – Column A:**Line 1, Prior Years Unexpended Mental Health Services Act Balance**

Enter the distribution amount balance received for the Mental Health Services Act for FY 2004-2005.

Line 2, Prior Years Mental Health Services Act Expenditures

No Entry. *(Field Shaded for FY 2005-2006)*

Line 3, Prior Years Unexpended Mental Health Services Act Balance

No entry. This line sums Lines 1 and 2. The amount listed on this line is the amount that the county identifies as unexpended Mental Health Services Act Balance.

FY 2005-2006 Distribution – Column A:**Line 4, FY 2005-2006 Mental Health Services Act Distribution**

Enter the distribution amount received for the Mental Health Services Act for FY 2005-2006.

Line 5, FY 2005-2006 Interest Earned on Mental Health Services Act

Enter Interest earned on Mental Health Services Act Distribution for the FY 2005-2006.

Line 6, FY 2005-2006 Mental Health Services Act Balance

No entry. This line picks up from Line 3.

Line 7, FY 2005-2006 Mental Health Services Act Expenditures

Enter Mental Health Services Act expenditures in FY 2005-2006.

Line 8, FY 2005-2006 Unexpended Mental Health Services Act

No entry. The amount listed on this line is the amount that the county identifies as unexpended Mental Health Services Act during FY 2005-2006.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY		DEPARTMENT OF MENTAL HEALTH
REPORT OF MENTAL HEALTH SERVICES ACT (MHSA) DISTRIBUTION AND EXPENDITURES MH 1995 (07/06)		Fiscal Year 2005-2006
COUNTY OF: 0 COUNTY CODE: 0 DATE COMPLETED:		
<i>Prior Years Balance</i>		A
1)	Prior Years Mental Health Services Act Balance	
2)	Less Prior Years Mental Health Services Act Expenditures	
3)	<i>Total</i> <i>Prior Years Unexpended Mental Health Services Act Balance</i>	\$
<i>FY 2005-2006 Distribution</i>		
4)	FY 2005-2006 Mental Health Services Act Distribution	
5)	Plus: Interest Earned on Mental Health Services Act FY 2005-2006	
6)	Plus: Prior Years Unexpended Mental Health Services Act Balance (Line 3)	\$
7)	Less FY 2005-2006 Mental Health Services Act Expenditures	
8)	Total FY 2005-2006 Unexpended Mental Health Services Act	\$
4) Enter current year Mental Health Services Act Distribution. 5) Enter Interest Earned on Mental Health Services Act Distribution through FY 2005-2006. 6) No entry, this line is picked up from line 3 above. 7) Enter the amount of Mental Health Services Act expenditures for the current year. 8) Unexpended Mental Health Services Act to be used for future periods.		
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px; background-color: #f0f0f0;"> Summary_Flow </div>		

MH 1940***Year End Cost Report***

The purpose of this form is to allow each county's local mental health agency to report countywide mental health expenditures and revenues. This form is a summary of cost reports from all legal entities within the county, and information reported is certified by the county's local mental health director and county's auditor-controller as being true and correct. Information on this form is considered local mental health agency's claim for reimbursement and serves as the basis for year-end cost settlement with the State Department of Mental Health.

Column A, Line 1

No entry. Total mental health expenditures and revenues except Medi-Cal, i.e., MH 1992, Column J, Line 3 minus sum of: (a) FFP (MH 1979, Column J, Line 23 plus Line 27); (b) match for FFP (calculated from MH 1979); and (c) MH 1968, Columns E and K, Lines 28, 28A, 29, 30 and 31, for all legal entities.

Column B, Line 1

No entry. Total Medi-Cal related dollars, i.e., sum of: (a) FFP (MH 1979, Column J, Line 23 plus Line 27); (b) match for FFP (calculated from MH 1979); and (c) MH 1968, Columns E and K, Lines 28, 28A, 29, 30 and 31, for all legal entities.

Column C, Line 1

No entry. Sum of Columns A and B, Line 1. This amount should equal total of MH 1992, Line 3, for all legal entities.

Column A, Line 2

No entry. All funding sources except SD/MC (FFP and State Match), SD/MC-related patient and other payor revenues, and SGF (State and County share and Mental Health Managed Care) for all legal entities, plus any categorical funds used as a match for FFP, i.e., MH 1992, Column J, Line 3 minus Lines 11, 12, 15, 16 and 17 minus match for FFP, calculated from MH 1979, minus MH 1968, Columns E and K, Lines 28, 28A, 29, 30 and 31, all legal entities, plus amount on MH 1909, Column G, Line 8.

Note: If categorical funds (e.g. SEP) were used as a match for FFP amount reflected on MH 1909, Column G, Line 8 is added as part of the calculation for this line.

Column B, Line 2

No entry. Match for FFP plus patient and other payor revenues, i.e., sum of: (a) match for FFP calculated from MH 1979 (shown on list of Information worksheet), and (b) MH 1968, Columns E and K, Lines 28, 28A, 29, 30 and 31, for all legal entities.

Column C, Line 2

No entry. Sum of Columns A and B, Line 2.

Column A, Line 3

No entry. Subtracts Column A, Line 2 from Column A, Line 1.

Column B, Line 3

No entry. Subtracts Column B, Line 2, from Column B, Line 1.

Column C, Line 3

No entry. Sum of Columns A and B, Line 3 or subtraction of Column C, Line 2 from Column C, Line 1.

Column A, Line 4

No entry. County share from MH 1909 Summary.

Column C, Line 4

No entry. Column A, Line 4.

Column A, Line 5

No entry. Subtracts Column A, Line 4 from Column A, Line 3.

Column B, Line 5

No entry. This line is populated from Column B, Line 3. This amount should equal MH 1992, Column J, Line 11 and 12, for all legal entities.

Column C, Line 5

No entry. Subtracts Column C, Line 4 from Column C, Line 3 or sum of Columns A and B, Line 5.

Column A, Line 6

No entry. SGF used as FFP match (from MH 1909 Summary).

Column C, Line 6

No entry. This line is populated from Column A, Line 6.

Column A, Line 7

No entry. Sum of Column A, Line 5 plus Line 6.

Column B, Line 7

No entry. This line is populated from Column B, Line 5. Amount should equal MH 1992, Column J, Lines 11 and 12, for all legal entities.

Column C, Line 7

No entry. Sum of Columns A and B, Line 7 or Column C, Line 5 plus Column C, Line 6.

NOTE – Instructions for Lines 9 through 13: Source documents for these figures are FY 2005-2006 Final Allocation Worksheet; MH 1909 Funding Source Summary; MH 1912 Supplemental Cost Report Data for Special Education Program; MH 1994 Report of Mental Health Managed Care Allocation and Expenditures for FY 2005-2006.

Column A, Line 8

No entry.

Column A, Lines 9 through 11

No entry. Automatically references total SGF expended for each funding source up to the allocated amount from Column H, Line 8.

Column A, Line 12

No entry. This line will be zero.

Column A, Line 13

No entry. Automatically references amount of FY 2005-2006 Community Services – Managed Care allocation spent on “Outpatient Mental Health Services” from MH 1994, Column A, Line 8.

Column B, Line 8

Enter other FFP funds not matched by SGF identified in Lines 9 through 12, Column A.

Column B, Lines 9 through 12

No entry. For each identified Budget Act Line Item Program expenditure (Lines 9 through 12), total FFP matched in part by the SGF in Column A automatically references the appropriate Column cell from MH 1909 and MH 1912 for SEP. The FFP difference between total FFP in Line 7, Column B and the aggregate of Lines 9 through 12 is entered in Line 8, Other Funds.

Column B, Line 13

Justification is required for entry on this line.

Columns A, Line 14

No entry. Amount must equal Column A, Line 7.

Columns B, Line 14

No entry. Amount must equal Column B, Line 7.

Columns A and C, Line 15

No entry. Amount is FY 2005-2006 Community Services – Managed Care allocation spent on Fee-For-Service/Medi-Cal (FFS/MC) Hospital Inpatient Services (i.e., MH 1994, Column A, sum of Lines 6 and 7).

Columns A and C, Line 16

No entry. FY 2005-2006 EPSDT SD/MC – State Share estimate from MH 1992, Column J, Line 19, for all legal entities.

Column C, Lines 8 through 16

No entry. Sum of Columns A and B.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
YEAR-END COST REPORT
MH 1940 (05/05)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2005-2006

COUNTY OF: 0

FISCAL YEAR ENDING

COUNTY CODE: 0

JUNE 30, 2006

ADDRESS: 0

0

0

PREPARED BY: 0

PHONE: 0

Date Completed:

NOTE: AMOUNTS SHOULD BE WHOLE DOLLARS	A	B	C
	STATE GENERAL FUND	M/C & HF/FED SHARE	TOTAL
1. TOTAL EXPENDITURE	\$ 0	\$ 0	\$ 0
2. LESS: REVENUE	(0)	(0)	(0)
3. SUBTOTAL	0	0	0
4. LESS: COUNTY SHARE (PER MH 1909)	(0)		(0)
5. SUBTOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	0	0	0
6. PLUS: SGF USED AS FFP MATCH (INCLUDED IN LINE 2, COL 2)	0		0
7. TOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	\$ 0	\$ 0	\$ 0
FUNDING SOURCES: 4440-			
8. OTHER FUNDS	0	0	\$ 0
9. 101-0001 (1) COMMUNITY SERVICES - OTHER TREATMENT	0	0	\$ 0
10. 101-0001 ADULT SYSTEM OF CARE	0	0	0
11. 101-0001 (1.5) CHILDREN'S MENTAL HEALTH SERVICES	0	0	0
12. 131-0001 SPECIAL EDUCATION PUPILS	0	0	0
13. 103-0001 COMMUNITY SERVICES - OUTPATIENT FOR MENTAL HEALTH MANAGED CARE	0	0	0
14. GRAND TOTAL, ALL SOURCES (Must Agree with Line 7)	\$ 0	\$ 0	\$ 0
15. 103-0001 COMMUNITY SERVICES - INPATIENT FOR MENTAL HEALTH MANAGED CARE	\$ 0		\$ 0
16. EPSDT SD/MC - STATE SHARE ESTIMATE	\$ 0		\$ 0

OK

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OK

OK

OK

No text this page.